## **Guide to Using Draft 837 Document**

**Industry Name:** Name in implementation guide (IG).

**Data Element:** It is the smallest named unit of information in the ASC X12 standard. Each data element is assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length.

**Element Name:** The name of the data element.

**Type:** The data element type:

Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
В	Binary

**Field Length – Minimum:** The minimum number of characters in the data element.

**Field Length – Maximum:** The maximum number of characters in the data element.

**Element Definition:** Description of the data element.

**Required or Situational:** Whether this data element is required or situational.

**In Implementation Guide:** Whether the codes are listed in the implementation guides:

Y Yes

NA Not Applicable-No code list required (i.e., for a date or amount)

CL Not in implementation guide, but in an external code list (CPT-4

book, zip code book, etc.)

**Commentary:** Additional information/observations.

**Currently Captured by DMH:** "Yes" if currently captured in DMH computer system (i.e., CTRAC, POS, MEIS, Services, etc.).

**Service:** Noted when data element is used <u>exclusively</u> for a specific service. Some of the data elements are used only for specific services (home health, ambulance services, coordination of benefits (COB), claims repricing, etc.)

Client, Provider, or Claim Data: Each data element was also analyzed as to whether it pertained to client demographics (CD), provider information (PI), or claims data. Claims data was broken into the following subcategories:

CI	Claims Information
CI-COB	Claims Information – Coordination of Benefits
CI-CR	Claims Information – Claims Repricing
CI-HH	Claims Information – Home Health
CI-SM	CI-SM – Claims Information – Spinal Manipulation
CP	Claims Processing

CI covers most claims, but some data elements were broken out so that you can easily identify and ignore these if you do not offer those services. Most of the data elements marked CP will be system-generated fields.

**Implementation Guides:** There are three 837 implementation guides (IGs): Institutional, Dental, and Professional. Some data elements are in one or more of the 837 IGs. An "X" indicates that this data element is in that IG, and the column to its right references the pages in the IG where that data element can be found.

All data elements - in order by Indus	trv Na	ame	Ī	FIE LEN			ıat,l	B	d by		, o		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	r Siti	Commentary	Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	# Bage	837-Dental		837- Professional	# age A
Accident Date	1251	Date Time Period	AN	1	35	Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.	s N	A	No		CI			x	161	Х	195
Activities Permitted Code	1321	Condition Indicator	ID	2	2	Code describing the activities permitted by the physician or for which physician's orders are present.	SY		No		CI	Х	222, 223				
Acute Manifestation Date	1251	Date Time Period	AN	1	35	Date of acute manifestation of patient's condition.	S N		No		CI					Х	191, 457
Additional Submitter Name	93	Name	AN	1	60	Additional name information for the receiver or submitter of the transaction.  Date of payment or denial determination by previous	S N	This is only required if the name is over 35 IA characters.	No		CI			Х	62	Х	70
Adjudication or Payment Date	1251	Date Time Period	AN	1	35	payer.	s N	IA	No		СР	Х	415	Х	312	Х	367, 566
Adjusted Repriced Claim Reference Number	127	Reference Identification	AN	1	30	Identification number, assigned by a repricing organization, to identify an adjusted claim.	s N	IA	No		CI-CR	Х	185			Х	235
Adjusted Repriced Line Item Reference Number	127	Reference Identification	AN	1	30	Identification number of an adjusted repriced line item adjusted from an original amount.	SY	,	No		CI-CR					Х	469
Adjustment Amount	782	Monetary Amount	R	1	18	Adjustment amount for the associated reason code.	R N	IA.	No		CI	Х	367, 368, 369, 370, 496, 497, 498, 499, 500, 501	Х	216, 217, 218, 307, 308, 309, 310, 311	Х	327, 328, 329, 330, 560, 561, 562, 563, 564, 565
Adjustment Quantity	380	Quantity	R	1	15	Numeric quantity associated with the related reason code for coordination of benefits.	RN	Δ.	No		CI	×	367, 368, 369, 370, 493, 496, 497, 498, 499, 500, 501	×	216, 217, 218, 219, 307, 308, 309, 310, 311	Х	327, 328, 329, 330, 331, 560, 561, 562, 563, 564, 565
Adjustment Reason Code		Claim Adjustment Reason Code	ID	1		Code that indicates the reason for the adjustment.	R		No		CI	X	367, 368, 369, 370, 496, 497, 498, 499, 500	Y	216, 217, 218, 219, 307, 308, 309, 310, 311	X	326, 327, 328, 329, 330, 560, 561, 562, 563, 564, 565
Admission Date and Hour		Date Time Period	AN	1		The date and time of the admission to the facility.		The date is mandatory in CTRAC, but the time of admission is optional in CTRAC, but loth are now required under HIPAA.			CI	X	170	^	311	_ ^_	301, 302, 303, 304, 303
Admission Source Code	1314	Admission Source Code	ID	1	1	Code indicating the source of this admission.	S C	L .	No		CI	Х	172				
Admission Type Code	1315	Admission Type Code	ID	1	1	Code indicating the priority of this admission.	s c	A field by this same name is mandatory in CTRAC, but it has different contents and purpose. This data is required under HIPAA when the patient is being admitted to the hospital for inpatient services.	No		CI	X	171				
Allowed Amount	782	Monetary Amount	R	1	18	The maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	R N	IA.	No	СОВ	CI-COB	x	372	×	222	X	334
Ambulance Transport Code		Ambulance Transport Code	ID	1	1	Code indicating the type of ambulance transport.	SY		No	Ambulan ce	CI					Х	249
Ambulance Transport Reason Code		Ambulance Transport Code  Ambulance Transport  Reason Code	ID	1	1	Code indicating the type of ambulance transport.  Code indicating the reason for ambulance transport.	SY	,	No	Ambulan ce	CI					X	249, 413
Ambulatory Patient Group Number		Reference Identification	AN	1	30	Identifier for Ambulatory Patient Group assigned to the claim.	s N	IA	No		CI					Х	240, 479
Amount Qualifier Code		Amount Qualifier Code	ID	1		Code to qualify amount.	s Y		No		CI	Х	178, 180, 182, 184, 371, 372, 373, 374, 376, 378, 380, 382, 384, 386, 387, 460, 461	Х	173, 174, 220, 221, 222, 223, 224, 225, 226, 287	X	219, 220, 221, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 484, 485, 486

All data elements - in order by Indus	tmr Ne	nmo.			ELD NGTH		at'l		d by		o		Implementation Guide		mplementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Situat	Commentary	Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	+# Bage #	837-Dental	Bage #	837- Professional	Bage #
Anesthesia Modifying Units	380	Quantity	R	1	1 15	Unit quantity for qualifying extenuating circumstances at time of service.	S N	A	No		CI					Х	463
Anesthesia Unit Count	380	Quantity	R	1	1 15	Number of anesthesia units provided to patient	S N	Α	No		CI			х	282		
Approved Amount	782	Monetary Amount	R	1	1 18	Amount approved.	S N	A	No	СОВ	CI-COB			х	221, 287	х	333, 485
Arterial Blood Gas Quantity	380	Quantity	R	1	1 15	The Arterial Blood Gas test results breathing room air (furnish results of recent hospital tests).  Date on which patient assessment or other required	S N	A	No		CI					х	424
Assessment Date	1251	Date Time Period	AN	1	35	assessment was performed	S N	4	Yes		CI	Х	459				
Assigned Number	554	Assigned Number	N0	1	6	Number assigned for differentiation within a transaction set.	R N	A	No		СР	Х	444	Х	265	Х	399
Assumed or Relinquished Care Date	1251	Date Time Period	AN	1	35	F / F F	S N		No		CI					Х	213
Attachment Control Number	67	Identification Code	AN	2	2 80	Identification number of attachment related to the claim.	s M		No		CI	Х	175, 454	Х	172	Х	216
Attachment Description	352	Description	AN	1	1 80	Free-form text describing attachments related to the claim.	S N	Needed if there are paper attachments to a claim.	No		CI	х	175				
Attachment Report Type Code	755	Report Type Code	ID	2	2 2	Code to specify the type of attachment that is related to the claim.	S Y	Needed if there are paper attachments to a claim.	No		CI	х	174, 453	х	171	Х	215, 410
Attachment Transmission Code	756	Report Transmission Code	ID	1	2	Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.	S Y	Needed if there are paper attachments to a claim.	No		CI	х	174, 454	х	171	Х	216, 411
Attending Physician First Name	1036	Name First Name Last or Organization	AN	1	25	First name of the physician responsible for care of the patient.  Last name of the physician responsible for care of the	S N	4	Yes		PI	х	322, 463				
Attending Physician Last Name	1035	Name	AN	1	35	patient.	S N	Α	Yes		PI	Х	322, 463				
Attending Physician Middle Name	1037	Name Middle	AN	1	25	Middle name of the physician responsible for care of the patient	S N	A	Yes		PI	Х	322, 463				
Attending Physician Name Suffix	1039	Name Suffix	AN	1	1 10	Suffix to the name of the physician responsible for the care of the patient	S N	A	Yes		PI	Х	323, 463				
Attending Physician Primary Identifier	67	Identification Code	AN	2	2 80	Primary identification number of the physician responsible for care of the patient.	S N	4	Yes		PI	х	323, 463				
Attending Physician Secondary Identifier	127	Reference Identification	AN	1	30	Secondary identification number of the physician responsible for the care of the patient	S N	4	Yes		PI	х	327, 468				
Auto Accident State or Province Code	156	State or Province Code	ID	2	2 2	State or Province where auto accident occurred.	s CI		No		CI	х	162	Х	154	Х	177
Begin Therapy Date	1251	Date Time Period	AN	1	35	Date therapy begins.	S N	Α.	No	M'care DMERC	CI					х	441
Benefits Assignment Certification Indicator	1073	Yes/No Condition or Response Code	ID	1	1 1	A code showing whether the provider has a signed form authorizing the third party payer to pay the provider.	R Y		No	СОВ	CI-COB	х	160, 390	х	153, 229	Х	175, 345
Billing Note Text	352	Description	AN	1	80	Free-form text providing additional information about the bill or claim being submitted.	S N	A	No		CI	х	209				
Billing Provider Additional Identifier	127	Reference Identification	AN	1	30	Identifies another or additional distinguishing code number associated with the billing provider	S N		No		PI	х	84	Х	84	Х	92
Billing Provider Additional Name	93	Name	AN	1	60	Additional names or characters for the billing provider or billing entity for the transaction.	S N	This is only required if the name is over 35 characters.	No		PI			х	79	Х	87

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All data elements - in order by Indus	try Na	ame		LEN	GTH		Situat	Pe			er, c		Guide		Guide		Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Si	Commentary thus	DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Billing Provider Address Line	166	Address Information	AN	1	55	Address line of the billing provider or billing entity address.	R N	A Ye:	es		PI	Х	79	Х	80	х	88
Billing Provider City Name	19	City Name	AN	2	30	City of the billing provider or billing entity	R N	A Yes	es		PI	Х	80	Х	81	х	89
Billing Provider Contact Name	93	Name	AN	1	60	Person at billing organization to contact regarding the billing transaction.	S N	A No	0		PI	x	88			x	97
Billing Provider Credit Card Identifier	127	Reference Identification	AN	1		Identification number for credit card processing for the billing provider or billing entity	s N	A No	0		PI	Х	86	х	86	х	95
Billing Provider First Name	1036	Name First	AN	1	25	First name of the billing provider or billing entity	S N	A Yes	es		PI			х	77	х	85
					0.5	Identification number for the provider or organization in whose name the bill is submitted and to whom					-						
Billing Provider Identifier Billing Provider Last or Organizational	67	Identification Code  Name Last or Organization	AN	2	80	payment should be made.  Last name or organization name of the provider billing	R N	A Yes	es	-	PI	Х	78	Х	78	Х	86
Name	1035	Name	AN	1	35	or billing entity for services.	R N	A Yes	es		PI	Х	77	Х	77	Х	85
Billing Provider Middle Name	1037	Name Middle	AN	1	25		R N	A Yes	es		PI			Х	77	Х	85
Billing Provider Name Suffix	1039	Name Suffix	AN	1	10	Suffix, including generation, for the name of the provider or billing entity submitting the claim.	R N	A Yes	es		PI			Х	77	Х	86
Billing Provider Postal Zone or ZIP Code	116	Postal Code	ID	3	15	Postal zone code or ZIP code for the provider or billing entity billing for services.	R C	L Yes	es		PI	х	81	Х	82	Х	90
Billing Provider State or Province Code	156	State or Province Code	ID	2	2	State or province for provider or billing entity billing for services.	R C	L Ye:	25		PI	x	81	x	82	×	90
Bundled or Unbundled Line Number		Assigned Number	N0	1		Identification of line item bundled or unbundled by payer in coordination of benefits.	s	No	0		СР	Х	493	Х	304	Х	557
Certification Condition Indicator	1073	Yes/No Condition or Response Code	ID	1	1	Code indicating whether or not the condition codes apply to the patient or another entity.	s	No.	0		CI	х	219			x	258, 261, 264, 428, 433
Certification Condition Indicator		Code Category	ID	2	2	Code indicating whether or not the condition codes apply to the patient or another entity.	s	No			CI	х	221, 224				
Certification Period Projected Visit Count		Number	N0	1		Total visits projected during this certification period.	S N			Home Hlth	CI-HH		== :, == :			х	277
Certification Revision Date	1251	Date Time Period	AN	1	35	Date the certification was revised.	S N	A No	0		CI					Х	438
Certification Type Code	1322	Certification Type Code	ID	1	1	Code indicating the type of certification	SY	No	0		CI	Х	213			Х	421, 424
Claim Adjustment Group Code	1033	Claim Adjustment Group  Code	ID	1	2	Code identifying the general category of payment adjustment.	S Y	No	0		CI	х	367, 495	Х	216, 307	Х	326, 560
Claim Days Count	380	Quantity	R	1	15	The number of categorized days associated with the claim, such as lifetime reserve days, covered days.	S N	A No	0		CI	х	307				
Claim Disproportionate Share Amount	782	Monetary Amount	R	1	18	Sum of operating capital disproportionate share amounts for this claim.	S N	A No		M'care npatient	CI	Х	393				
Claim DRG Amount	782	Monetary Amount	R	1	18	Total of Prospective Payment System operating and capital amounts for this claim.	S N	A No		M'care npatient	CI	х	393				
Claim DRG Outlier Amount	782	Monetary Amount	R	1	18	Total Prospective Payment System Outlier and Capital Outlier amounts for this claim.	S N	A No		DRG	CI	Х	375				
Claim ESRD Payment Amount	782	Monetary Amount	R	1	18	End Stage Renal Disease (ESRD) payment amount for the claim.	S N	A No	О	M'care outpatie nt	CI	x	399				

All data elements - in order by Indus	trv Na	nme			ELD NGTH		nat'l	ide	d by	] [	, or		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	luired or Sit	Commentary	Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	# Bage	837-Dental	Page #	837- Professional	Page #
Claim Filing Indicator Code	1032	Claim Filing Indicator Code	ID	1	1 2	Code identifying type of claim or expected adjudication process.	s	Υ	No	СОВ	CI-COB	Х	104, 363	Х	101, 211	Χ	112, 321
Claire Francisco Codo	4205	Claim Francisco Timo Codo	ıD	1		Code specifying the frequency of the claim. This is the third position of the Uniform Billing Claim Form Bill			No		CI	V	159			X	470
Claim Frequency Code	1325	Claim Frequency Type Code	טו			Type.	R	IVI	NO	M'care	CI	۸	159			Λ	173
Claim HCPCS Payable Amount	782	Monetary Amount	R	1	1 18	Sum of payable line item amounts for HCPCs codes billed on this claim.	s	NA	No	outpatie nt	CI	х	398				
Claim Indirect Teaching Amount	782	Monetary Amount	R	1	1 18	Total of operating and capital indirect teaching amounts for this claim.	s	NA	No	M'care inpatient	CI	x	395				
						Interim cost pass-though amount used to determine				M'care							
Claim MSP Pass-through Amount	782	Monetary Amount	R	1	1 18	Medicare Secondary Payer liability.  Narrative text providing additional information related to	S	NA This is for when you need to note additional	No	inpatient	CI	Х	394				
Claim Note Text	352	Description	AN	1	80	the claim.	s	NA information.	No		CI	Х	207	Х	186, 288	Χ	247
Claim or Encounter Identifier	640	Transaction Type Code	ID	2	2 2	Code indicating whether the transaction is a claim or reporting encounter information.	R	Y	No		CI	Х	59	Х	56	Х	65
Claim Original Reference Number	127	Reference Identification	AN	1	30	Number assigned by a processor to identify a claim.	s	NA	No		СР	х	192	Х	180	Х	230
Claim PPS Capital Amount	782	Monetary Amount	R	1	1 18	Total Prospective Payment System (PPS) capital amount payable for this claim as output by PPS PRICER.	s	NA.	No	M'care inpatient	CI	×	394				
Claim 1 3 Capital Amount	702	Monetary Amount	IX	'		Total Prospective Payment System capital day or cost outlier payable for this claim, excluding operating	3	NA.	INO	M'care	OI .	^	334				
Claim PPS Capital Outlier Amount	782	Monetary Amount	R	1	1 18	outlier amount.	s	NA	No	inpatient	CI	Х	395				
Claim Submission Reason Code	1325	Claim Frequency Type Code Claim Submission Reason	ID	1	1	Code identifying reason for claim submission	R	М	No		CI			Х	151		
Claim Submission Reason Code	1383	Code	ID	2	2 2	Code identifying reason for claim submission	s	Υ	No		CI			Х	155		
Claim Total Denied Charge Amount	782	Monetary Amount	R	1	18	Total amount of charges that were denied for this claim.	s	NA	No	COB	CI-COB	х	387				
Clearinghouse Trace Number	127	Reference Identification	AN	1	30	Unique tracking number for the transaction assigned by a clearinghouse.	s	NA	No		СР					Х	239
Clinical Laboratory Improvement						The CLIA Certificate of Waiver or the CLIA Certificate of Registration Identification Number assigned to the laboratory testing site that rendered the services on											
Amendment Number	127	Reference Identification	AN	1	30	this claim. Specifies the situation or category to which the code	S	NA	No		CI					Χ	232, 476
Code Category	1136	Code Category	ID	2	2 2	2 applies.	S	Y	No		CI	Х	218 228-230, 232-240, 242,			Х	257, 260, 263, 427, 431, 433
Code List Qualifier Code	1270	Code List Qualifier Code	ID	1	1 3	Code identifying a specific industry code list.	R	Y	No		CI	х	228-230, 232-240, 242, 244-254, 256-265, 267- 278, 280-288, 290-305	Х	271	Х	568
Communication Number	364	Communication Number	AN	1	80	Complete communications number including country or area code when applicable	R	This is the biller's phone/fax/e-mail/edi NA number.	Yes		CI	х	65, 66, 88, 89	х	64, 65, 244, 245	Х	72, 73, 97, 98, 364, 365, 539, 540
Communication Number Qualifier	365	Communication Number Qualifier	ID	2	2 2	2 Code identifying the type of communication number	R	Y	No		CI	X	65, 66, 88, 89	х	64, 65, 244, 245	Х	72, 73, 97, 98, 364, 365, 539, 540

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All data elements - in order by Indus	try Na	ame		LEN	NGTH		itua		red			_	Guide	1	Guide		Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Situ	Commentary	Currently captured t DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Complication Indicator	1073	Yes/No Condition or Response Code	ID	1	1	A code to indicate whether the Patient's condition is Complicated or Uncomplicated.	SY	,	No	Spinal Manip	CI-SM					Х	255, 419
Condition Code	1271	Industry Code	AN	1	30	Code(s) used to identify condition(s) relating to this bill or relating to the patient.	s N	1	No		CI	Х	291-298				
Condition Code	1321	Condition Indicator	ID	2	, ,	Code(s) used to identify condition(s) relating to this bill or relating to the patient.	SY	,	No		CI					Х	258, 259, 261, 262, 428, 429
Condition Indicator		Condition Indicator	ID	2		Code indicating a condition	SY		No		CI					X	431, 433, 434
Contact Function Code	366	Contact Function Code	ID	2	2 2	Code identifying the major duty or responsibility of the person or group named.	RY	,	No		CI	Х	65, 88	Х	64, 244	Х	72, 97, 364, 539
Contract Amount	782	Monetary Amount	R	1	1 18	Fixed monetary amount pertaining to the contract	SN	IA	Yes		CI	Х	177			Х	218, 467
Contract Code	127	Reference Identification	AN	1	30	Code identifying the specific contract, established by the payer.	s N	1	No		CI	Х	177			Х	218, 467
Contract Percentage	222	Percent	R	4	ء ا	Dergant of charges neverble under the contract	SN		No		CI	_	177			Х	218, 467
Contract Percentage Contract Type Code		Contract Type Code	ID	2		Percent of charges payable under the contract  Code identifying a contract type	SY		No No		CI	X	176			X	217, 466
Contract Type Code	1100	Contract Type Gode	10			Identification of additional or supplemental contract			140		Oi.		170			^	217, 400
Contract Version Identifier	799	Version Identifier	AN	1	30	provisions, or identification of a particular version or modification of contract.	s N	1	No		CI	Х	177			Х	218, 467
Condination of Danasita Code	4440	Coordination of Benefits Code	ID			Code identifying whether there is a coordination of		,	Yes	Dantal	CI			x	100		
Coordination of Benefits Code Coordination of Benefits Total	1143	Code	טו	-	<del>'</del>	benefits The total coordination of benefit charges submitted	KI		168	Dental	CI			^	100		
Submitted Charge Amount	782	Monetary Amount	R	1	18	applicable to the claim.	s N	IA	Yes	COB	CI-COB	Х	373				
						A code indicating the status of the co-payment											
Co-Pay Status Code	1327	Copay Status Code	ID	1	1 1	requirements for this service.	SY	,	No	COB	CI-COB					Χ	407
Cost Report Day Count	380	Quantity	R	1	1 15	The number of days that may be claimed as Medicare patient days on a cost report.	s N	IA	Yes	M'care inpatient	CI	x	395				
								This is required when the biller's address is		•			81, 96, 114, 131, 138,		82, 93, 110, 142,		90, 105, 123, 136, 145, 163,
Country Code	26	Country Code	ID	2	2 3	Code indicating the geographic location.	S	CL outside the United States.	No		CI	Χ	150, 163, 356, 407, 414	Χ	154, 237	Χ	178, 309, 356, 520, 535
Covered Amount	782	Monetary Amount	R	1	18	Amount determined to be covered for the claim for coordination of benefits.	SIN	AL	Yes	СОВ	CI-COB			x	224		
oorei ou 7 kiiloui k	. 02	monotary randant			1	Number of days or visits covered by the primary payer	Ĭ		. 00	002	0. 002						
						or days/visits that would have been covered had				M'care							
Covered Days or Visits Count	380	Quantity	R	1	15	Medicare been primary.	SN	IA Medicare lifetime reserve day count.	No	inpatient	CI	Х	393				
Credit or Debit Card Authorization						Credit/Debit card authorization number used to											
Number	127	Reference Identification	AN	1	30	authorize use of card for payment for billed charges.	s N	IA	No		CI-COB	х	125	Х	130	Х	150
						Additional name information for the person or entity	П										
Credit or Debit Card Holder Additional			<b> </b> ,,,			who has a credit card that could be used as payment		This is only required if the name is over 35	NI.		01.005			\ \ \	400		440
Name	93	Name	AN	1	60	First name of the person or entity who has a credit	SIN	IA characters.	No		CI-COB			Х	129	Χ	149
Credit or Debit Card Holder First						card that could be used as payment for the billed											
Name	1036	Name First	AN	1	25	charges.	SN	IA	No	COB	CI-COB	Х	122			Χ	147
Credit or Debit Card Holder Last or		Name Last or Organization				Last name or organization name of the person or entity who has a credit card that could be used as payment											
Organizational Name	1035	Name	AN	1	35	for the billed charges.	SN	IA	No	COB	CI-COB	Х	122	Χ	127	Χ	147
Credit or Debit Card Holder Middle Name	1037	Name Middle	AN	1	25	Middle name of the person or entity who has a credit card that could be used as payment for the billed charges.	s N	AL	No	COB	CI-COB	Y	122	¥	127	X	147
Trumb	1007	Transc Middle	/ NIN			nonungoo.	U II	" \ [	140	COD	JI-OOD	_ ^	144	^	121	^	171

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All data elements - in order by Indus	try Na	ame		LEN	IGTH		Situat		<u>s</u>		a e	<del>                                     </del>	Guide		Guide		Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or S	Commentary	Currently captured the DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page#
Credit or Debit Card Holder Name Suffix	1039	Name Suffix	AN	1		Name suffix of the person or entity who has a credit card that could be used as payment for the billed charges.	S N	A.	No	COB	CI-COB	х	122	X	127	Х	147
Credit or Debit Card Maximum							I_ I										
Amount	782	Monetary Amount	R	1	18	Dollar limit for a credit or debit card	S N	A	No	COB	CI-COB	Х	184	Χ	174	Χ	219
Credit or Debit Card Number	67	Identification Code	AN	2	80	Credit/Debit card number that may be used to pay for billed charges.	S N	A	No	СОВ	CI-COB	Х	123	Х	128	Χ	148
Currency Code	100	Currency Code	ID	3	3	Code for country in whose currency the charges are specified.	s c	Only needed for foreign currency.	No		CI	Х	74	Х	74	Χ	82
Date Claim Paid	1251	Date Time Period	AN	1	35	Code indicating the date the claim was paid.	S N	A	No		СР			Х	246		
Date Time Period	1251	Date Time Period	AN	1	31	Expression of a date, a time, or a range of dates, times, or dates and times.	SY		No		CI	×	243				
Date Time Period Format Qualifier		Date Time Period Format	ID	2		Code indicating the date format, time format, or date	SY	Required when the patient is the same as the subscriber.	No		CI	X	115, 151, 165, 167, 169, 211, 215, 243, 245-255, 257-266, 268-278, 388, 415, 457, 458, 502	×	111, 143, 157, 158, 160-162, 164, 227, 246, 273, 275, 277, 279, 312	X	115, 124, 155, 164, 180 182, 184, 186, 189, 190, 192, 194, 196, 197, 199-201, 203, 205, 206, 208, 210, 213, 342, 366, 436, 437, 439, 440, 443-445, 447, 450-452, 454, 456, 458, 460, 566
Date Time Qualifier	374	Date/Time Qualifier	ID	3	1 3	Code specifying the type of date or time or both date and time.	S Y		No		CI	х	165, 167, 169, 415, 456, 458, 502	X	157, 158, 160-162, 164, 246, 273, 275, 277, 279, 312	X	180, 182, 184, 186, 188, 190, 192, 194, 196, 197, 199-201, 203, 205, 206, 208, 210, 213, 366, 435, 437, 439, 440, 442, 444, 445, 447, 449, 451, 452, 454, 456, 458, 460, 566
					١,	Code indicating the reason why a request was					01		404	.,	455	.,	470
Delay Reason Code	1514	Delay Reason Code Ship/Delivery Pattern Time	ID	1	1 2	delayed.  Code which specifies the time delivery pattern of the	SY		No	Home	CI	Х	164	Х	155	Χ	179
Delivery Pattern Time Code	679	Code	ID	1	1	services	S Y		No	Hlth	CI-HH	Х	320			Χ	281, 494
Demonstration Project Identifier	127	Reference Identification	AN	1	30	Identification number for a Medicare demonstration	S N	A	No	Demo Projects	CI	x	202			Х	243
Diagnosis Code	1074	Industry Code	AN		20	An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition.	D 1.4	ICD-9 required	Yes		CI					Х	266-270
Diagnosis Code	12/1	industry Code	AIN		3(	A pointer to the claim diagnosis code in the order of	IX IVI	licp-a reduited	168		Ci	$\vdash$				^	200-210
Diagnosis Code Pointer	1328	Diagnosis Code Pointer	N0	1	2	importance to this service	RY		No	Цота	CI					Χ	405
Diagnosis Date	373	Date	DT	8	8	Date the diagnosis was established or recorded.	S N	A	No	Home Hlth	CI-HH	Х	212, 216, 217				
Diagnosis Related Group (DRG) Code	1271	Industry Code	AN	1	30	Diagnosis related group for this claim.	s M		No		CI	×	230				
Diagnosis Type Code		Code List Qualifier Code	ID	1		Code identifying the type of diagnosis.	SY		No		CI	^	200			Х	266-270
Disability From Date		Date Time Period	AN	1		The beginning date the patient, in the provider's opinion, was or will be unable to perform the duties normally associated with his/her work.	S N	A	No		CI					Х	202
						The ending date the patient, in the provider's opinion, will be able to perform the duties normally associated											
Disability To Date	1251	Date Time Period	AN	1	35	with his/her work.	S N	<u> </u>	No		CI	$\vdash \vdash$				Χ	204
Discharge Hour	1251	Date Time Period	AN	1	35	Hour that the patient was discharged from inpatient care.	S N	A	No		CI	Х	166				

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All data elements - in order by Indus	try Na	ame		LE	NGTI	1	Situat	p nin	red			_	Guide		Guide		Guide
Industry Name	Data Element	Element Name	Туре	Minimum	-=		uired or		Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	Professional	Page#
Discharge or End Of Care Date	1251	Date Time Period	AN		1 3	Date that the patient was discharged from inpatient care or care/treatment ended.	S	NA	No		CI			Х	159		
Discipline Type Code	921	Discipline Type Code	ID		2	2 Code indicating discipline(s) ordered by the physician. Internal control number assigned by a payer to	s	Y	No	Home Hlth	CI-HH	Х	314		X	(	276
Document Control Identifier	127	Reference Identification	AN		1 3	of facilitate retrieval or association of a claim.	s	NA	No		CP	Х	189				
Donald Madical Engineers Donalis	000	0	_		, ,	Length of time durable medical equipment (DME) is			N1.	DME	01				l x	,	400
Durable Medical Equipment Duration	380	Quantity	K		1 1	5 needed.  The unit (month, week, etc.) over which home health visits occur. Example: One visit every three days for 21 days. This element qualifies that the data is	5	NA .	No	DME Home	CI				X		422
Duration of Visits Units	615	Time Period Qualifier	ID		1	communicating that the one visit every three days 2 occurs over a duration of days.	s	NA	No	Hith	CI-HH	х	318		X		280, 493
						The number of units (month, week, etc.) over which home health visits occur. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit every three				Home							
Duration of Visits, Number of Units	616	Number of Periods	N0	<u> </u>	1	3 days occurs over a duration of days.	S	NA	No	Hlth	CI-HH	Х	318		X	(	280, 493
Emergency Indicator	1073	Yes/No Condition or Response Code	ID		1	An indicator of whether or not emergency care was rendered in response to the sudden and unexpected onset of a medical condition, a severe injury, or an acute exacerbation of a chronic condition which was 1 threatening to life, limb or sight.	2	NA .	No		CI				×		406
End Stage Renal Disease Payment						Amount of payment under End Stage Renal Disease											
Amount	782	Monetary Amount	R	ļ	1 1	8 benefit.	S	NA	No		CI				X	(	349
Entity Identifier Code	98	Entity Identifier Code	ID		2	Code identifying an organizational entity, a physical 3 location, property or an individual	R	Y	No		CI	х	62, 68, 74, 77, 92, 109, 122, 127, 135, 145, 322, 329, 336, 343, 350, 401, 410, 421, 425, 429, 433, 437, 441, 463, 470, 477, 484 62, 68, 77, 92, 109, 122, 127, 135, 146, 322, 329, 336, 343, 350, 401, 411,	х	60, 67, 74, 77, 88, 104, 118, 136, 188, 196, 204, 232, 240, 254, 258, 262, 290, 298 X 60, 67, 77, 88, 104, 118, 127, 137, 188, 196, 204, 232, 241,	14 30 38 (	3, 75, 82, 85, 100, 118, 131, 40, 147, 157, 283, 291, 299, 04, 313, 351, 360, 375, 379, 83, 387, 391, 395, 502, 510, 515, 524, 530, 542, 550 68, 75, 85, 100, 118, 131, 40, 147, 158, 283, 291, 299, 04, 313, 351, 360, 375, 379,
													421, 425, 429, 433, 437,		254, 258, 262, 290,	38	83, 387, 391, 395, 502, 510,
Entity Type Qualifier	1065	Entity Type Qualifier	ID	<u> </u>	1	1 Code qualifying the type of entity	R	Y	No		CI	Χ	441, 463, 470, 477, 484	Х	298 X	(	515, 524, 530, 542, 550
Entity Type Qualifier	1036	Entity Type Qualifier	ID	L	1	1 Code qualifying the type of entity	s	NA	No		CI			Х	127		
EPSDT Indicator		Yes/No Condition or Response Code	ID		1	An indicator of whether or not Early and Periodic Screening for Diagnosis and Treatment of children 1 services are involved with this detail line.	s	NA .	Yes		CI				×	(	406
Estimated Birth Date	1054	Date Time Period	AN		1 2	5 Date delivery is expected.		NA For a pregnancy.	No		CI				×	, [	199
Estimated Claim Due Amount		Monetary Amount	R			The amount estimated by the provider to be due from 8 the payer.	S		No		CI	х	179		^		133
Exception Code	1527	Exception Code	ID		1	Exception code generated by the Third Party  2 Organization.	s	v	No		CI	x	313		l x	,	275. 500
		Yes/No Condition or		H		Indicator of whether a paper explanation of benefits									<u> </u>		270,000
Explanation of Benefits Indicator	1073	Response Code	ID		1	1 (EOB) is requested.	R	Y	No		CI	Х	163				

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All data elements - in order by Indus	try Na	ame		LEN	IGTH		Situat						Guide		Guide		Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum			Commentary 111	DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Facility Code Qualifier	1332	Pacility Code Qualifier	ID	1		Code identifying the type of facility referenced.	R Y	No	Ю		CI	Х	159				
Facility Tax Amount	782	2 Monetary Amount	R	1	18	The amount of facility tax or surcharge applicable to the reported service	S N	A No	10		CI	х	461				
For With Time Code	4004	Facility Code Value		4		Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard	D V				CI	v	450	v	454 200	v	472
Facility Type Code	1331	Facility Code Value Yes/No Condition or	AN	1		Format. An indicator of whether or not Family Planning	K Y	No	10		CI	Х	159	Х	151, 268	Х	173
Family Planning Indicator	1073	Response Code	ID	1	1		SY	No	No.		CI					Х	406
E: 15						Data in fixed format agreed upon by sender and			. T		<u> </u>	`,.					0.15
Fixed Format Information Form Identifier		Fixed Format Information I Industry Code	AN AN	1			S N	A Not used at this time.			CI CI	Х	204			X	245, 487 568
Form identifier	1271	i ilidustry Code	AIN		30	Letter of flumber identifying a specific question.	3 10	I NO	NO		Ci					^	500
Frequency Count	1167	' Sample Selection Modulus	R	1	6	The count of the frequency units of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit occurs at three day intervals.	s N	A No.	Jo.	Home Hlth	CI-HH	x	318			X	280. 493
		Unit or Basis for				The units specifying the frequency of home health visits (e.g., days, months, etc.) Example: One visit every three days for 21 days. This element qualifies that the data is communicating that the one visit				Home	-						
Frequency Period	355	Measurement Code	ID	2	2	occurs at a frequency of days.	SN	A No	Ю	Hlth	CI-HH	Χ	317			Χ	279, 492
Functional Limitation Code	1072	Condition Indicator	ID	2		Code describing the patient's functional limitations as assessed by the physician.	SY	No	lo.	Home Hlth	CI-HH	_	222, 225				
Functional Elimitation Code	1073	Condition indicator	טו			Code describing the patient's functional limitations as	3 1	140	NO	Home	CI-IIII	^	222, 223				
Functional Limitation Code	1321	Condition Indicator	ID	2	2	assessed by the physician.	SY	No	No.	Hlth	CI-HH	Х	219, 220				
										M'care							
HCPCS Payable Amount	702	2 Monetary Amount	R	1	10	Amount due under Medicare HCPCS system.	s N	A		Outpatie nt	СР					х	348
HOPOS Fayable Amount	702	INIONELATY AMOUNT	I.		10	Amount due under Medicare MCFC3 system.	3 11	A NO	NO	111	CF					^	340
Hierarchical Child Code	736	Hierarchical Child Code	ID	1	1	Code indicating if there are hierarchical child data segments subordinate to the level being described.	R Y	No	Ю		СР	х	70, 100, 140	Х	70, 97, 133	х	78, 109, 153
Hierarchical ID Number	628	Hierarchical ID Number	AN	1	12	partition and a second a second and a second a second and	R N	A No	Мо		СР	х	70, 100, 140	Х	70, 97, 133	Х	78, 109, 153
Hierarchical Level Code	725	Hierarchical Level Code	ID	1		Code defining the characteristic of a level in a hierarchical structure.	RY	No	lo		СР	_	70, 100, 140	x	70, 97, 133	х	78, 109, 153
i licial Gilloi Level Coue	735	Theracolical Level Code	טו		<del>  '</del>	Identification number of the next higher hierarchical	1 1	NO.	NO.		UF	^	70, 100, 140	^	10, 31, 133	^	70, 109, 100
		Hierarchical Parent ID				data segment that the data segment being described is											
Hierarchical Parent ID Number	734	Number	AN	1	12	subordinate to.	R N	A No	Ю		CP	Х	100, 140	Χ	97, 133	Х	109, 153
Hierarchical Structure Code	1005	Hierarchical Structure Code	ID	4	4	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	R Y	No	√o		СР	х	57	х	54	Х	63
Home Health Certification Period	1251	Date Time Period	AN	1	35	Certification period for home health care covered by this plan of treatment.	SN	A	lo l	Home Hlth	CI-HH	×	212				
Homebound Indicator		Condition Indicator	ID	2			SY			11101	CI	^	£1£			Х	264
		Yes/No Condition or				An indicator of whether or not the treatment in the Hospice was rendered by a Hospice employed					0.1						
Hospice Employed Provider Indicator	1073	Kesponse Code	ID	1	1 1	provider.	SN	A] No	10 I	Hospice	CI	<u> </u>				Х	431

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All data elements - in order by Indust	trv Na	ame		LEN			uat'l		d by		o,		Guide		Guide		Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Situ	Commentary	Currently captured b	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Identification Code Qualifier	66	Identification Code Qualifier	ID	1		Code designating the system/method of code structure used for Identification Code (67) The manufacturer's lot number for vaccine used in	R Y		No	Immuniz	CI	Х	62, 77, 92, 110, 123, 127, 147, 175, 323, 330, 337, 344, 350, 402, 411, 421, 454, 463, 470, 478,	X	60, 67, 78, 89, 105, 118, 128, 137, 172, 189, 197, 204, 233, 241, 254, 291, 298	X	68, 75, 86, 101, 119, 131, 147, 159, 216, 284, 292, 299, 305, 314, 352, 360, 375, 503, 510, 515, 525, 531, 543, 550
Immunization Batch Number	127	Reference Identification	AN	1	30	immunization.	S N	Α	No	ations	CI					Х	478
Individual Relationship Code	1069	Individual Relationship Code	ID	2	2	Code indicating the relationship between two individuals or entities		Differs from the information in CTRAC	No		CI	Х	103, 142, 361	Х	100, 134, 210	Х	111, 154, 319
Industry Code	1271	Industry Code	AN	1	30	Code indicating a code from a specific industry code list.			No		CI	Х	228, 229				
Information Receiver Identification Number	66	Identification Code Qualifier	ID	1	2	The identification number of the individual or organization who expects to receive information in response to a query.  Date that the patient initially sought treatment for this	R Y		No		СР	Х	68				
Initial Treatment Date	1251	Date Time Period	AN	1	35	condition.	s N	A	No		CI					Х	183, 459
Insurance Type Code	1336	Insurance Type Code	ID	1	3	the state of the s	SY		No	COB	CI-COB					Χ	111, 321
Insured Group Name	93	Name	AN	1	60	Name of the group or plan through which the insurance is provided to the insured.	S N	A	Yes	СОВ	CI-COB	Х	103	Х	100	Х	111
Insured Group or Policy Number	127	Identification Code	AN	2	80	The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.	S N	A	No	СОВ	CI-COB	Х	103, 363	Х	100, 210	Х	111, 320
Insured Individual Death Date	1251	Date Time Period	AN	1	35	Date of death for subscriber or dependent.	S N	A	No	СОВ	CI-COB					Х	115
Investigational Device Exemption Identifier	127	Reference Identification	AN	1	30	Number or reference identifying exemption assigned to an ivestigational device referenced in the claim.  Address line of the laboratory or facility performing	S N	A	No		CI	х	193			Х	236
Laboratory or Facility Address Line	166	Address Information	AN	1	55	tests billed on the claim where the health care service was performed/rendered.  City of the laboratory or facility performing tests billed	R N	A	Yes		PI	Х	354			Х	307, 518
Laboratory or Facility City Name	19	City Name	AN	2	30	on the claim where the health care service was performed/rendered.  Name of laboratory or other facility performing	R N	Α	Yes		PI	Х	355			Х	308, 519
Laboratory or Facility Name	1035	Name Last or Organization Name	AN	1	35	Laboratory testing on the claim where the health care service was performed/rendered.	R N	A	Yes		PI	х	350	Х	204	Х	304, 515
Laboratory or Facility Name Additional Text	93	Name	AN	1	60	Additional name information identifying the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.  Postal ZIP or zonal code of the laboratory or facility	S N	This is only required if the name is over 35 characters.	No		PI			Х	206	Х	306, 517
Laboratory or Facility Postal Zone or ZIP Code	116	Postal Code	ID	3	15	performing tests billed on the claim where the health care service was performed/rendered.	R CI	-	Yes		PI	х	356			Х	309, 520
Laboratory or Facility Primary Identifier	67	Identification Code	AN	2	80	Identification number of laboratory or other facility performing laboratory testing on the claim where the health care service was performed/rendered.	R N	A	No		Pl	х	350	Х	204	Х	305, 516
Laboratory or Facility Secondary Identifier	127	Reference Identification	AN	1	30	Additional identifier for the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.	S N	Α	No		PI	х	358	Х	208	Х	311
Laboratory or Facility State or Province Code	156	State or Province Code	ID	2	2	State or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.	R CI		Yes		PI	Х	355			х	309, 520

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All data elements - in order by Indus	try Na	ime I		LEIN	GIN		Situat		É		ta ta	<del>-</del>	Guide		Guide	1	Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or S	- Commentary Commentary	DMH DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Last Admission Period	1251	Date Time Period	AN	1	35	Admission date of the most recent inpatient stay.	S N	A N	No	Home Hlth	CI-HH	х	215				
Last Certification Date	1251	Date Time Period	AN	1	35	The date of the last certification.	S N	A	No	M'care DMERC	CI					х	443
Last Menstrual Period Date	1251	Date Time Period	AN	1	35	The date of the last menstrual period (LMP).	s N		No		CI					x	196
zacimonaria i once pare	.20.	Date Time Consu	,			Date the patient was last seen by the referring or ordering physician for a claim billed by a provider											.00
Last Seen Date	1251	Date Time Period	AN	1	35	whose services require physician certification.	S N	A N	No	Homo	CI					Х	187, 446
Last Visit Date	373	Date	DT	8	8	Date the patient was last seen by the physician.  Date patient last worked at the patient's current	S N	A N	No	Home Hlth	CI-HH	Х	215				
Last Worked Date	1251	Date Time Period	AN	1	35	occupation	S N	A	No		CI					Х	205
Last X-Ray Date	1251	Date Time Period	AN	1	35	Date patient received last X-Ray.	S N	Α	No		CI					Х	198, 455
Lifetime Psychiatric Days Count	380	Quantity	R	1	15	Number of lifetime psychiatric days used for this claim.	S N	A N	No	M'care inpatient	CI-COB	х	393				
										M'care							
Lifetime Reserve Days Count	380	Quantity	R	1	15	Number of lifetime reserve days used for this claim.	S N	A	No	inpatient	CI-COB	Х	393				
Line Item Charge Amount	782	Monetary Amount	R	1	18	Charges related to this service.  Identifier assigned by the submitter/provider to this line	R N	A	No		СР	Х	448	Х	268	Х	402
Line Item Control Number	127	Reference Identification	AN	1	30	item.	S N	Λ	No		CP			Х	286	Х	473
Line Item Denied Charge or Non-																	
Covered Charge Amount	782	Monetary Amount	R	1	18	Line item charges denied or not covered.  Narrative text providing additional information related to	S N	A   N	No		CP	Х	449				
Line Note Text	352	Description	AN	1	80	the service line.	S N	A .	No		CI					Х	488
Location Qualifier	98	Entity Identifier Code	ID	2	3	code identifying type or location.	S Y	l N	No	Dental	CI			Χ	127		
		Information Receiver Last or				The loop ID number given on the transaction set diagram is the value for this data element in segments											
Loop Identifier Code	1065	Organization Name	AN	1	1	LS and LE.	S Y	<u> </u>	No	Dental Mammo	CI			Χ	127		
Mammography Certification Number	127	Reference Identification	AN	1	30	HCFA assigned Certification Number of the certified mammography screening center	S N	\	No	gram	CI					х	226, 474
						Code identifying a specific product or process	o				01						405
Measurement Qualifier  Measurement Reference Identification	738	Measurement Qualifier Measurement Reference ID	ID	1	3	characteristic to which a measurement applies  Code identifying the broad category to which a	S Y		No		CI	$\vdash \vdash$				Х	465
Code	737	Code	ID	2	2	measurement applies	S Y	l n	No		CI					Х	465
Medical Record Number	127	Reference Identification	AN	1	30	A unique number assigned to patient by the provider to assist in retrieval of medical records.	S N		No		CI	х	201			Х	241
		Provider Accept Assignment				An indication, used by Medicare or other government	R	Always Required for professional billings. Situational for dental and institutional									
Medicare Assignment Code	1359	Code Yes/No Condition or	ID	1	1	programs, that the provider accepted assignment.	/S Y	billings. N	No	Home	CI	Х	160	Х	152	Х	174
Medicare Coverage Indicator	1073	Response Code	ID	1	1	A code indicating the Medicare coverage exists.	S Y	<u> </u>	No	Hlth	CI-HH	Х	213				
Medicare Paid at 100% Amount	782	Monetary Amount	R	1	18	Amount of charges reported to be paid by Medicare at 100% of allowed amount.	S N		No	СОВ	CI-COB	х	378				
						Amount of charges reported to be paid by Medicare at											
Medicare Paid at 80% Amount  Medicare Section 4081 Indicator	782 127	Monetary Amount Reference Identification	R AN	1		80% of allowed amount.  Code indicating Medicare Section 4081 applies.	S N	1	No No	COB	CI-COB	Х	380			Х	225
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All data elements - in order by Indus	Element Element	Element Name		uni uni		Element Definition	Sil	Commentary	rrently captured DMH	Service Client, Provider, Claim Data	337-Institutional	## Bage	837-Dental	Bage #	837- fessional	## Bage
	Data		Туре	Minim	Maximum		2	_	Curre	Home	837-lı		83.	ш	83. Profes	ш.
Mental Status Code	1321	Condition Indicator	ID	2	2	Codes describing the patient's mental condition.  Number of treatments rendered in the month of	S	(	No	Hlth CI-HH Spinal	Х	225, 226				
Monthly Treatment Count	380	Quantity	R	1	15	service.	S N	NA A	No	Manip CI-SM					Х	255, 419
Non-Covered Charge Amount	782	Monetary Amount	R	1	18	Charges pertaining to the related revenue center code that the primary payer will not cover.	S N	NA	No	COB CI-COB	х	386				
Nonpayable Professional Component Amount	702	Monetary Amount	R	1	10	Professional fees billed but not payable by payer.	S N	10	No	COB CI-COB	_	395, 399				
Non-Payable Professional Component						Amount of non-payable charges included in the bill			INO		^	395, 399				
Billed Amount	782	Monetary Amount	R	1	18	Prelated to professional services.  Code identifying the functional area or purpose for	SI	NA .	No	COB CI-COB					Х	349
Note Reference Code	363	Note Reference Code	ID	3	3	which the note applies.	S١	1	No	CI	Х	206, 208	Х	186, 288	Х	247, 488
						The number of home health visits. Example: One visit every three days for 21 days. This element indicates										
Number of Visits	200	Quantity	R	1	15	that the data is communicating the number of visits, i.e., one.	c 1	NA	No	Home Hith CI-HH	~	317			×	279. 492
Number of visits						Occurrence code as determined according to uniform	3 1	VA	INO		^				^	279, 492
Occurrence Code	1271	Industry Code	AN	1	30	bill instructions.	SN	И	No	CI	Х	268-278				
Occurrence or Occurrence Span																
Code Associated Date	1251	Date Time Period	AN	1	35	Date associated with indicated code value.	SI	NA A	No	CI	Х	257-266				
						A code that identifies an event that relates to payment										
Occurrence Span Code	1271	Industry Code	AN	1	30	of the claim. This event occurs over a span of days.	SN	M	No	CI	Х	257-266, 268-279				
Old Capital Amount	782	Monetary Amount	R	1	18	The amount for old capital for this claim.	SN	NA A	No	COB CI-COB	Х	394				
Onset Date	1251	Date Time Period	AN	1	35	Date of onset of indicated patient condition.	S N	AA	No	CI					Х	453
Onset of Current Illness or Injury Date	1251	Date Time Period	AN	1	35	Date of onset of indicated patient condition.	S N	NA	No	CI					×	189
						First name of the physician performing the principle					,,	000 470				
Operating Physician First Name	1036	Name First Name Last or Organization	AN	1	25	procedure.  Last name of the physician performing the principle	SI	NA	No	PI	Х	329, 470				
Operating Physician Last Name	1035	Name	AN	1	35	procedure.  Middle name of the physician performing the principal	S	NA A	No	PI	Х	329, 470				
Operating Physician Middle Name	1037	Name Middle	AN	1	25	procedure	s N	AA	No	PI	Х	329, 470				
Operating Physician Name Suffix	1039	Name Suffix	AN	1	10	Suffix to the name of the physician performing the principal procedure	s N	NA A	No	PI	х	329, 470				
Operating Physician Primary Identifier		Identification Code	AN	2		Primary identifier of the physician performing the principle procedure.	s N			PI	V	330, 471				
Operating Physician Secondary					. 00	Additional identifier for the physician performing the	3 I	VA	No		^	330, 47 1				
Identifier	127	Reference Identification Oral Cavity Designation	AN	1	30	principal procedure	S N	NA A	No	PI	Х	334, 475				
Oral Cavity Designation Code	1361	Code	ID	1	3	Code identifying an oral cavity involved in the service.	RΝ	(	Yes	Dental CI			Х	268, 269		
Order Date	1251	Date Time Period	AN	1	35	Date the service(s) was ordered.	S N	NA	No	CI					х	181, 444
Ordering Provider Address Line		Address Information	AN	1		Address line of the provider ordering services for the patient.	S N	NA .	No	PI					Х	533
•						, , , , , , , , , , , , , , , , , , , ,										
Ordering Provider City Name	19	City Name	AN	2	30	City of provider ordering services for the patient	S	NA	No	PI					Χ	534

All data elements - in order by Indus	trv Na	ame		FIE			nat'l	D D	red by		or ,		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	luired or	Commentary	Currently capture DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Ordering Provider Contact Name	93	Name	AN	1	60	Contact person to whom inquiries should be directed at the provider ordering services for the patient.	s N	IA	No		PI					х	539
Ordering Provider First Name	1036	Name First	AN	1	25	The first name of the provider who ordered or prescribed this service.	S N	IA	No		PI					Х	530
Ordering Provider Identifier	67	Identification Code	AN	2	80	The identifier assigned by the Payer to the provider who ordered or prescribed this service.	s N	IA	No		PI					х	531
Ordering Provider Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the provider who ordered or prescribed this service.	s N	IA	No		PI					Х	530
Ordering Provider Middle Name Ordering Provider Name Additional	1037	Name Middle	AN	1	25	Middle name of the provider ordering services for the patient.  Additional name infromation for the provider ordering	s N	This is only required if the name is over 35	No		PI					Х	530
Text	93	Name	AN	1	60	services for the patient.  Suffix to the name of the provider ordering services for	s N	IA characters.	No		PI					Х	532
Ordering Provider Name Suffix Ordering Provider Postal Zone or ZIP	1039	Name Suffix	AN	1	10	the patient.  Postal ZIP code of the provider ordering services for	s N	IA .	No		PI					Х	530
Code	116	Postal Code	ID	3	15	the patient.  Additional identifier for the provider ordering services	s c	EL .	No		PI					Х	535
Ordering Provider Secondary Identifier	127	Reference Identification	AN	1	30	for the patient.  The State Postal Code of the provider who ordered /	S N	IA .	No		PI					Х	537
Ordering Provider State Code Originator Application Transaction	156	State or Province Code	ID	2	2	prescribed this service.  An identification number that identifies a transaction	s c	CL C	No		PI					Х	535
Identifier	127	Reference Identification	AN	1		within the originator's applications system.	R N	IA .	No		CP	Х	58	Х	55	Х	64
Orthodontic Banding Date		Date Time Period	AN	1		Date that Orthodontic bands were applied. Estimated Number of Treatment Months for	SN	IA .	No	Dental	CI			Х	163, 278		
Orthodontic Treatment Months Count Orthodontic Treatment Months		Quantity	R	1		Orthodontic Treatment Number of Treatment Months Remaining for	SN		No	Dental	CI			Х	166		
Remaining Count		Quantity	R	1		Orthodontic Treatment	SN		No	Dental	CI			Х	167		
Other Diagnosis		Industry Code	AN	1		Other diagnosis for this claim.  Number providing additional identification of the other	SN		Yes	000	CI	X	233-240		200	, ,	050
Other Insured Additional Identifier  Other Insured Additional Name		Reference Identification  Name	AN AN	1		insured.  Additional name information for the other insured.	SN	This is only required if the name is over 35 IA characters.	No No	COB	CI-COB	^	409	X	239	X	358 353
Other Insured Address Line		Address Information	AN	1		Address line of the additional insured individual's mailing address.	SN		No	COB	CI-COB	x	404. 405	X	235	X	354
Other Insured Birth Date		Date Time Period	AN	1		The birth date of the additional insured individual.	SN		No	СОВ	CI-COB		389	Х	228	Х	343
Other Insured City Name	19	City Name	AN	2	30	The city name of the additional insured individual.	s N	IA .	No	COB	CI-COB	Х	406	х	236	Х	355
Other Insured First Name	1036	Name First	AN	1	25	The first name of the additional insured individual.	S N	IA	No	СОВ	CI-COB	х	401	Х	232	х	351
Other Insured Gender Code	1068	Gender Code	ID	1	1	A code to specify the sex of the additional insured individual.	SY	,	No	СОВ	CI-COB	Х	389	Х	228	х	343
Other Insured Group Name	93	Name	AN	1	60	Name of the group or plan through which the insurance is provided to the other insured.	s N	IA	No	СОВ	CI-COB	Х	363			х	320
Other Insured Identifier	67	Identification Code	AN	2	80	An identification number, assigned by the third party payer, to identify the additional insured individual.	s N	IA	No	СОВ	CI-COB	х	403	Х	233	х	352

All data elements - in order by Indus	trv Na	nma			ELD NGTH		at'l	o c	d by	Ъ			Implementation Guide	ı	mplementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	luired or	Commentary	Currently captured DMH	Service Client, Provider,	Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Other Insured Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the additional insured individual.	S N	IA	No	COB CI-C	ОВ	Х	401	х	232	Х	351
Other Insured Middle Name	1037	Name Middle	AN	1	25	The middle name of the additional insured individual.  The suffix to the name of the additional insured	S N	IA	No	COB CI-C	ОВ	Х	402	Х	232	Х	351
Other Insured Name Suffix	1030	Name Suffix	AN	1	10	lindividual.	s N	14	No	COB CI-C	OΒ	¥	402	Х	232	X	352
Other Insured Postal Zone or ZIP	1000	Ivairie Suinx	AIN	-	10	The Postal ZIP code of the additional insured	3 11	10	INO	COB CI-C	OB	^	402	^	202	_ ^	332
Code	116	Postal Code	ID	3	15		s c	cL	No	COB CI-C	ОВ	Х	407	х	237	X	356
Other Insured State Code	156	State or Province Code	ID	2	2 2	The state code of the additional insured individual's mailing address.	s c	CL CL	No	COB CI-C	ОВ	Х	407	Х	237	Х	356
						Additional name information for the other payer		This is only required if the name is over 35									
Other Payer Additional Name Text	93	Name	AN	1	60	organization.	SN	IA characters.	No	COB CI-C	OB			Χ	242	Х	362
Other Payer Address Line Other Payer Attending Provider	166	Address Information	AN	1	55	Address line of the other payer's mailing address.  The non-destination (COB) payer's attending provider	S N	IA .	No	COB CI-C	ОВ	Х	412				
Identifier	127	Reference Identification	AN	1	30	identification.	SN	IA	No	COB CI-C	ОВ	Х	427				
Other Payer City Name	19	City Name	AN	2	30	The city name of the other payer's mailing address.	s N	IA	No	COB CI-C	ОВ	Х	413				
Other Payer Claim Adjustment Indicator		Reference Identification	AN	1		Indicates the other payer has made a previous claim adjustment to this claim.	S Y	,	No	COB CI-C				Х	252	Х	373
Other Payer Contact Name	93	Name	AN	1	60	Name of other payer contact.	s N	IA	No	COB CI-C	ОВ			Х	244	Х	364
Other Payer Covered Amount	782	Monetary Amount	R	1	18		S N	IA	No	COB CI-C	ОВ					Х	336
Other Payer Discount Amount	782	Monetary Amount	R	1	18	Amount determined by other payer to be subject to discount provisions.	S N	IA	No	COB CI-C	ОВ			х	225	Х	337
Other Payer Identification Number	67	Identification Code	AN	2	ا ه	The non-destination (COB) payer's identification number.	S N		No	COB CI-C	OΒ					х	551
Other Payer Last or Organization	01	Name Last or Organization	AIN		. 00	number.	3 11	10	INO	COB CI-C	ОВ						331
Name	1035	Name	AN	1	35	The name of the other payer organization.	S N	IA	No	COB CI-C	ОВ	Х	411	Х	241, 298	Х	360
Other Payer Operating Provider						The non-destination (COB) payer's operating provider											
Identifier	127	Reference Identification	AN	1	30	identification.  The non-destination (COB) payer's other payer other	SN	IA	No	COB CI-C	OB	Х	431				
Other Payer Other Provider Identifier	127	Reference Identification	AN	1	30	provider identification.	SN	IA	No	COB CI-C	ОВ	Χ	435				
		Name Last or Organization															
Other Payer Patient Last Name	1035	Name	AN	1	35	The non-destination (COB) payer's patient's last name.	SN	IA	No	COB CI-C	OB			Χ	254		
Other Payer Patient Paid Amount	782	Monetary Amount	R	1	18		S N	IA	No	COB CI-C	ОВ	Х	371	Х	226	Х	339
Other Payer Patient Primary Identifier	67	Identification Code	AN	2	80	The non-destination (COB) payer's patient primary identification number.  The non-destination (COB) payer's patient primary	S N	IA	No	COB CI-C	ОВ	Х	421	Х	254	Х	375
Other Payer Patient Primary Identifier	127	Reference Identification	AN	1	30	identification number.	s N	IA	No	COB CI-C	ОВ			Х	256		
Other Payer Patient Responsibility						Amount determined by other payer to be the amount	T							T			
Amount	782	Monetary Amount	R	1	18	Blowed by the patient.	SN	IA	No	COB CI-C	OB					Х	335
Other Payer Patient Secondary Identifier	127	Reference Identification	AN	1	30	The non-destination (COB) payer's patient secondary identification number(s).	s N	IA	No	COB CI-C	ОВ	Х	423			Х	377
Other Payer Per Day Limit Amount	782	Monetary Amount	R	1	18	Amount determined by other payer to be the maximum payable per day under the contract.	S N	IA	No	COB CI-C	ОВ					Х	338
Other Payer Postal Zone or ZIP Code	116	Postal Code	ID	3	15	The ZIP code of the other payer's mailing address.	s c	CL	No	COB CI-C	ОВ	Х	414				

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All data elements - in order by Indust	ry Na	ime		LEI	NGTH		itua	p nid	Led Led		-	Guide		Guide	-	Guide
Industry Name	Data Element	Element Name	Гуре	Minimum	Maximum		Required or Sit	ਉੱ ਜ਼ੂਰਿ E Commentary	Currently captured DMH	Service Client, Provider,	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Other Payer Pre-Tax Claim Total			<b>'</b>	_		Total claim amount before applying taxes as reported	tt				+					
Amount	782	Monetary Amount	R		1 18	B by other payer.	S	NA	No	COB CI-COE	3				Х	341
		, , , , , , , , , , , , , , , , , , , ,														
Other Payer Primary Identifier	67	Identification Code	AN	2	2 80	An identification number for the other payer.	SI	NA	No	COB CI-COE	3 X	411	Χ	241, 302	Х	361, 555
Other Payer Prior Authorization or						The non-destination (COB) payer's claim line level prior										
Referral Number	127	Reference Identification	AN		1 30	authorization or referral number.	S	NA .	No	COB CI-COE	3 X	419	Χ	249, 300	Х	371, 552
Other Payer Purchased Service						The non-destination (COB) payer's purchased service	I_ I.									
Provider Identifier	127	Reference Identification	AN	ļ	1 30	D provider identifier.	S	NA .	No	COB CI-COE	3				Χ	389
Other Payer Referral Number	67	Identification Code	AN	. ا	2 00	The non-destination (COB) payer's claim line level preferral number.	S	NIA	No	COB CI-COE	,		Х	299		
Other Payer Referring Provider	07	Identification code	AIN	-	2 00	The non-destination (COB) payer's referring provider	3	VA .	INO	COB CI-COL	1		^	299		
Identifier	127	Reference Identification	AN		1 30	Didentifier.	s	NA	No	COB CI-COE	x x	439	Х	260	x	381
Other Payer Rendering Provider	,	Telefolio Identification	/			The non-destination (COB) payer's rendering provider			110	000 01001	1 ~	100		200		001
Identifier	127	Reference Identification	AN		1 30	Olidentifier.	S	NA	No	COB CI-COE	3		Х	264		
Other Payer Rendering Provider						The non-destination (COB) payer's rendering provider										
Secondary Identifier	127	Reference Identification	AN		1 30	identifier.	S	NA	No	COB CI-COE	3				Х	385
Other Payer Secondary Identifier	127	Reference Identification	AN		1 30	Additional identifier for the other payer organization	SI	NA	No	COB CI-COE	3 X	417	Χ	248	Х	369
Other Payer Service Facility Location						The non-destination (COB) payer's service facility										
Identifier	127	Reference Identification	AN		1 30	D location identifier.	S	NA	No	COB CI-COE	3				Х	393
Other Payer Service Facility Provider	40-	D 6 11 115 11				The non-destination (COB) payer's service facility				000		440				
Identifier	127	Reference Identification	AN		1 30	provider identifier.	S	NA .	No	COB CI-COE	3 X	443			-	
Other Payer State Code	156	State or Province Code	ın		,	The state or province code of the other payer's mailing address.	s	~	No	COB CI-COE	. v	414				
Other Payer Supervising Provider	130	State of 1 Tovince Code	טו		-	The non-destination (COB) payer's supervising	-	JL .	INO	COB CI-COL	^	717				
Identifier	127	Reference Identification	AN		1 30	Oprovider identifier.	s	NA	No	COB CI-COE	3				×	397
						Amount of taxes related to the claim as determined By										
Other Payer Tax Amount	782	Monetary Amount	R		1 18	8 other payer.	S	NA	No	COB CI-COE	3				Х	340
Other Physician First Name	1036	Name First	AN		1 2	The First Name of the other licensed physician.	SI	NA	No	PI	Х	336, 477				
						The name and/or number of the licensed physician										
Others Dhessieles Ideatifica	0.7	ld-aks-aks-a O-d-		١,	0 0	other than the attending physician as defined by the			NI.	DI.	\ \ \	007.405				
Other Physician Identifier	67	Identification Code  Name Last or Organization	AN	2	2 80	D payer organization.	S	NA .	No	PI	X	337, 485				
Other Physician Last Name	1035	Name	AN		1 3	5 The Last Name of the other licensed physician.	S	NΔ	No	PI	×	336, 477				
Other i mysician East Name	1000	Ivanic	7314		1 0.	The East Name of the other heerised physician.		WA .	140	- ''	<del>  ^</del>	550, 411				
Other Provider Identifier	67	Identification Code	AN	1	2 80	The number of the other licensed provider.	SI	NA	No	PI	Х	478				
					T		Ħ				1	*				
Other Provider Middle Name	1037	Name Middle	AN	<u></u>	1 2	The middle name of the other licensed provider.	SI	NA	No	PI	Х	337, 477				
							ļΤ									
Other Provider Name Suffix	1039	Name Suffix	AN	<u> </u>	1 10	Suffix to the name of the other licensed provider.	SI	NA .	No	PI	X	337, 478			1	
						Additional name and/or number of the provider other										
Other Provider Secondary Identifier	107	Reference Identification	AN	Ι.	1 2/	than the attending provider as defined by the payer organization.	ا ا	N/A	No	PI	_	341, 482				
Oxygen Flow Rate		Reference Identification	AN	۲		The oxygen flow rate in liters per minute.	S	NA .	No	CI	+^	341, 402			Х	481
Oxygen Flow Rate	141	TOTOTOTO INCITITIONION	/AIN		. 30	The exygen new rate in incre per minute.	9	'	110	Home	1 -				+^	701
Oxygen Saturation Quantity	380	Quantity	R	.	1 15	The oxygen saturation (oximetry) test results.	S	Y	No	Hith CI-HH					x	425
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1	7,5			-		1					-
Oxygen Saturation Test Date	1251	Date Time Period	AN	L.	1 3	Date patient received oxygen saturation test.	SI	NA	No	CI					Х	450
						Code indicating the conditions under which a patient				Home						
Oxygen Test Condition Code	1349	Oxygen Test Condition Code	ID		1 '	1 was tested.	S	Y	No	HIth CI-HH					X	425

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All data elements - in order by Indus	trv Na	ame			ELD IGTH		uat'l	<u> </u>	g D		o, or		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	quired or Sit		Currently capture DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Bage #	837- Professional	## Babbabababababababababababababababababa
Oxygon Tost Findings Codo	1250	Oxygon Tost Findings Codo	ID	1		Code indicating the findings of oxygen tests performed on a patient.	e v		No	Home Hlth	CI-HH					x	425, 426
Oxygen Test Findings Code Paid From Part A Medicare Trust	1350	Oxygen Test Findings Code	טו	- 1		Dollar amount paid for claim from the Part A Medicare	3 1		INO	пш	СІ-ПП						425, 426
Fund Amount	782	Monetary Amount	R	1	18	3 Trust fund.	S N	A	No	COB	CI-COB	Х	383				
Paid From Part B Medicare Trust		<b>.</b>			١.,	Dollar amount paid for claim from the Part B Medicare				000	01 000		005				
Fund Amount	782	Monetary Amount	R	1	18	Trust fund. Units of service paid by the payer for coordination of	SN	A	No	COB	CI-COB	Х	385				
Paid Service Unit Count	380	Quantity	R	1	15	benefits.	S N	A	No		CP			Х	303	Х	557
						Code indicating a participating claim submitted by a											
Participation Agreement	1360	Provider Agreement Code	ID	1	1	non-participating provider.	SY		No		CI					Х	178
Patient Account Number	1028	Claim Submitter's Identifier	AN	1	38	Unique identification number assigned by the provider to the claim patient to facilitate posting of payment information and identification of the billed claim.	R N	- t	No		CI	х	158	х	150	Х	171
Patient Additional Name	03	Name	AN	1	60	Additional name information for the patient.	SN	This is only required if the name is over 35 A characters.	No		CD			х	139	X	160
Tatient Additional Name	90	Name	AIN.		- 00	Address line of the street mailing address of the	3 14	A Characters.	INO		CD			^	100		100
Patient Address Line	166	Address Information	AN	1	55	patient.	R N	Α	Yes		CD	Х	148	Х	140	Х	161
						The amount the provider has received from the patient											
Patient Amount Paid	782	Monetary Amount	R	1	18	(or insured) toward payment of this claim.	SN	A	Yes		CD	Х	183	Х	173	Х	220
Patient Birth Date	1251	Date Time Period	AN	1	35	Date of birth of the patient.	R N	Α	Yes		CD	Х	152	Х	144	Х	165
Patient City Name	19	City Name	AN	2	30	The city name of the patient.	R N	А	Yes	0-11	CD	Х	149	х	141	х	162
Patient Condition Code	1342	Nature of Condition Code	ID	1		Code indicating the condition of the patient.	R Y		No	Spinal Manip	CI-SM					х	255, 419
Patient Condition Description	352	Description	AN	1	80	Free-form description of the patient's condition.	R N	A	No	Spinal Manip	CI-SM					х	256, 420
Detient Death Dete	1051	Date Time Period			21	Date of the matients doubt	C N		Yes		CD					x	450
Patient Death Date	1251	Date Time Period	AN	- 1	30	Date of the patient's death.  The type of facility from which the patient was most	SN	A	res	Home	CD					^	156
Patient Discharge Facility Type Code	1384	Patient Location Code	ID	1	1	recently discharged.	SY		No	Hlth	CI-HH	Х	216				
						The first name of the individual to whom the services											
Patient First Name Patient Gender Code		Name First Gender Code	AN ID	1	25	were provided.  A code indicating the sex of the patient.	R N		Yes Yes		CD CD	X	146 152	X	137 144	X	158 165
i attent Gender Code	1000	Name Last or Organization	טו			The last name of the individual to whom the services	IX I		163		CD	^	102	^	177	^	100
Patient Last Name	1035	Name	AN	1	35	were provided.	R N	Α	Yes		CD	Х	146	Χ	137	Х	158, 375
Deficied Middle No.	400-	Alama Middle		]		The middle name of the individual to whom the			<u>,                                     </u>		05		440		467		450
Patient Middle Name	1037	Name Middle	AN	1	25	Services were provided.  Suffix to the name of the individual to whom the	R N	/A	Yes		CD	Х	146	Х	137	Х	158
Patient Name Suffix	1039	Name Suffix	AN	1	10	services were provided.	R N	A	Yes		CD	х	146	Х	137	Х	158
Patient Postal Zone or ZIP Code		Postal Code	ID	3		The ZIP Code of the patient.	R C		Yes		CD	Х	150	Χ	142	Х	163
D // 1 D / 1 D //									T		0.0				400		450
Patient Primary Identifier	67	Identification Code	AN	2	: 80	Identifier assigned by the payer to identify the patient The amount determined to be the patient's	R N	A	No		CD	Х	147	Х	138	Х	159
Patient Responsibility Amount	782	Monetary Amount	R	_ 1	18	responsibility for payment	s N	A	No		CI	Х	181	Х	223		
						Additional identifier assigned to the patient by the				•							
Patient Secondary Identifier	127	Reference Identification	AN	1	30	payer.  Code indication how the patient/subscriber	SN	A	No		CD	Х	154	Χ	146	Х	167
		Patient Signature Source				authorization signatures were obtained and how they											
Patient Signature Source Code	1351	Code	ID	1	1	are being retained by the provider.	SY		No		CI					Х	176, 345

All data elements - in order by Indus	tmr N	-mo			LD IGTH	] [	at'l	ψ Β	d by		ō		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum		uired or Si	Commentary	Currently captured t DMH	Service	Client, Provider, Claim Data	837-Institutional	Bage #	837-Dental	Page #	837- Professional	Bage #
Patient State Code	156	State or Province Code	ID	2	2		R C	CL C	Yes		CD	Х	150	Χ	142	Х	162
Patient Status Code	1352	Patient Status Code	ID	1	2	A code indicating the patient's status at the date of admission, outpatient service, or start of care.	SY	,	No		CI	Х	172				
Patient Weight	81	Weight	R	1	10	Weight of the patient at time of treatment or transport.	S N	IA	No		CD	х	107, 144			Х	115, 156, 249, 413
Payer Additional Identifier	127	Reference Identification	AN	1	30	Additional identifier for the payer.	S N	This is only required if the name is over 35	No		CI	Х	133	Х	125	Х	138
Payer Additional Name	93	Name	AN	1	60	Additional name information for the payer.  Address line of the Payer's claim mailing address for	s N	IA characters.	No		CI			Х	120	Х	133
Payer Address Line	166	Address Information	AN	1	55	this particular payer organization identification and	SN	IA	Yes		CI	Х	129	Х	121	Х	134
Payer City Name	19	City Name	AN	2	30	The City Name of the Payer's claim mailing address for this particular payer ID and claim office.	S N	IA	Yes		CI	х	130	Х	122	х	135
Payer Identifier	67	Identification Code	AN	2	80	Number identifying the payer organization.	R N	IA	Yes		CI	х	128, 491	х	118	Х	131
Payer Name	1035	Name Last or Organization Name	AN	1	35	Name identifying the payer organization.	RΝ	IA	Yes		CI	х	127	Х	118	Х	131, 550
Payer Paid Amount	782	Monetary Amount	R	1	18	The amount paid by the payer on this claim.  The ZIP Code of the Payer's claim mailing address for	s N	IA	Yes		СР			Х	220	Х	332
Payer Postal Zone or ZIP Code	116	Postal Code	ID	3	15	this particular payer organization identification and claim office.  The ZIP Code of the Payer's claim mailing address for	s c	DL .	Yes		CI	Х	131	Х	123	Х	136
Payer Postal Zone or ZIP Code	26	Postal Code	ID	3	15	this particular payer organization identification and claim office.	s c	CL CL	Yes		CI			×	123		
Payer Responsibility Sequence Number Code	1138	Payer Responsibility Sequence Number Code	ID	1	1	Code identifying the insurance carrier's level of responsibility for a payment of a claim	R Y	,	No	СОВ	CI-COE	х	102, 360	Х	99, 210	Х	110, 319
			_		_	State Postal Code of the Payer's claim mailing address for this particular payor organization identification and		.									
Payer State Code		State or Province Code	ID	2			SC		Yes		CI	X	131	X	123	Х	136
Pay-to Provider Additional Identifier		Reference Identification	AN	1		Additional identifer for pay-to provider.  Additional name information for the provider to receive	SN	This is only required if the name is over 35	No		CI	X	98				
Pay-to Provider Additional Name		Name	AN	1				IA characters.	No		CI			Х	90	Х	102
Pay-to Provider Address Line		Address Information	AN	1			SN		Yes		CI	X	94	X	91	Х	103
Pay-to Provider City Name		City Name	AN	2			S N	IA	Yes		CI	Х	95	Х	92	Х	104
Pay-to Provider First Name	1036	Name First	AN	1		Identification number for the provider or organization	SN	IA	Yes		CI			Х	88	Х	100
Pay-to Provider Identifier		Identification Code	AN	2		that will receive payment. Identification number for the provider or organization	SN		Yes		CI	Х	93	Х	89	Х	101
Pay-to Provider I dentifier	127	Reference Identification	AN	1	30	that will receive payment.	S N	IA	No		CI	$\vdash$		Х	95	Х	107
Pay-to Provider Last or Organizational Name	1035	Name Last or Organization Name	AN	1	35	Last or organizational name of the provider to receive payment.	S N	IA	Yes		CI	х	92	Х	88	Х	100
Pay-to Provider Middle Name	1037	Name Middle	AN	1	25	The middle name of the pay-to provider.	SN	IA	Yes		CI			Х	89	Х	100

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Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Si	Commentary  Commentary		Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Pay-to Provider Name Suffix	1039	Name Suffix	AN	1		The suffix, including generation, of the provider that will receive payment.	s	VA Yes	6		CI			х	89	х	101
Pay-to Provider Postal Zone or ZIP			l								٠.						
Code		Postal Code	ID	3		Postal ZIP code of the provider to receive payment	S				CI	X	95 95	X	93 93	X	105 104
Pay-to Provider State Code	156	State or Province Code	ID	2		State of the provider to receive payment.	S	CL Yes	5		CI	^	95	Х	93	Х	104
Peer Review Authorization Number	127	Reference Identification	AN	1	30	Authorization number provided by a review organization after review completed	s	NA Peer reviews. No	_		CI	Х	197				
Physician Contact Date	272	Date	DT	8		Date of the home health agency's most recent contact	s	.io		ome IIth	CI-HH	~	215				
Physician Contact Date	3/3	Date	וטו	ŏ	8	with the physician.  Date the agency received the verbal orders from the	5	NO No	_	ome	CI-HH	^	215				
Physician Order Date	373	Date	DT	8	R	physician for start of care.	s	NO NO		llth	CI-HH	×	214				
, Siolan Gradi Dato	575				- 0	The code that identifies where the service was	Ĭ	. No	+		5. 1111		<b>=</b> 17				
Place of Service Code	1331	Facility Code Value	AN	1	2	performed.	s	/ No			CI					X	404
Policy Compliance Code		Policy Compliance Code	ID	1		The code that specifies policy compliance.	S		_		CI-CR	Х	312			X	274, 499
,							1 1										,
Policy Name	93	Name	AN	1	60	The name of the policy providing coverage.	S	NA Yes	C	ОВ	CI-COB			Х	211		
						Cost of postage used to provide service or to process											
Postage Claimed Amount	782	Monetary Amount	R	1	18	associated paper work.	S	NO No			CI					Х	486
						PPS-capital disproportionate share amount for this											
PPS-Capital DSH DRG Amount	782	Monetary Amount	R	1		claim as output by PPS-PRICER.	S	NO No	С	OB	CI-COB	Х	394				
						A per discharge payment exception paid to the											
PPS-Capital Exception Amount	782	Monetary Amount	R	1	18	hospital. It is a flat-rate add-on to the PPS payment.	S	NO No	С	OB	CI-COB	Х	396				
DDO O't-l FOD DDO A	700				40	PPS-capital federal portion for this claim as output by		IA No.		00	01.000		004				
PPS-Capital FSP DRG Amount	782	Monetary Amount	R	1	18	PPS-PRICER.  Hospital-Specific portion for PPS-capital for this claim	S	NO No	C	ОВ	CI-COB	Х	394				
PPS-Capital HSP DRG Amount	782	Monetary Amount	R	1	10	as output by PPS-PRICER.	9	NO NO	_	ОВ	CI-COB	x	394				
11 3-Capital 1131 BIXO Amount	102	Monetary Amount	11	- '	10	PPS-capital indirect medical expenses for this claim as	3	110		ОВ	CI-COD	^	J9 <del>4</del>				
PPS-Capital IME amount	782	Monetary Amount	R	1	18	output by PPS-PRICER.	s	NO NO	С	ОВ	CI-COB	x	395				
PPS-Operating Federal Specific DRG	702	Monetary Amount			.0	Sum of federal operating portion of the DRG amount	Ŭ	110	Ť	OB	0.000		000				
Amount	782	Monetary Amount	R	1	18	this claim as output by PPS-PRICER.	s	NO No	С	ОВ	CI-COB	Х	395				
PPS-Operating Hospital Specific DRG		·				Sum of hospital specific operating portion of DRG	П										
Amount	782	Monetary Amount	R	1	18	amount for this claim as output by PPS-PRICER.	S	NO No	С	ОВ	CI-COB	Χ	395				
			$I \cup I$			Identifier or authorization number assigned to	$\prod$							1 1			
Predetermination of Benefits Identifier	127	Reference Identification	AN	1	30	Predetermination of Benefits.	S	NA No	De	ental	CI			Х	176		
		Yes/No Condition or	l l					_ [									
Pregnancy Indicator	1073	Response Code	ID	1	1	A yes/no code indicating whether a patient is pregnant.	S	/ No			CD	Х	107, 144	$\sqcup$		Х	116, 156
Proceeds flow Pote	4054	Data Time Bardad		ار	0-	The date the prescription was issued by the referring					01						000
Prescription Date	1251	Date Time Period	AN	1	35	physician.	S	VA Yes	5		CI			┡		Х	200
Prescription Number	127	Reference Identification	AN	1	30	The unique identification number assigned by the pharmacy or supplier to the prescription.	s	NA Yes			CI	×	451			х	409
1 100011ption (4umber	141	reservince recritification	7313	- '	50	Pricing methodology at which the claim or line item has	_	165	+		OI.	^	<del>1</del> 01			^	7∪0
Pricing Methodology	1473	Pricing Methodology	ID	2	2	been priced or repriced.	s	/ No			CI-CR	х	309			×	272, 496
3		J	$\dagger$			Code identifying the principal procedure, product or	Ħ		1								,
Principal Procedure Code	1271	Industry Code	AN	1	30	service.	S	Yes	3		CI	Χ	243				
						A number, code or other value that indicates the services provided on this claim have been authorized		JB-									
Prior Authorization Number	127	Reference Identification	AN	1	30	by the payee or other service organization.	S	92 No			CI	Χ	199				

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Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	quired or	Commentary	Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Prior Authorization or Referral Number	127	Reference Identification	AN	1	30	A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a preferral for services has been approved.	s n	NA AV	No		CI					Х	228, 470
Prior Placement Date	1251	Date Time Period	AN	1	35	The date of Prior Placement of the Prosthesis, Crown or Inlay, if any reason for service is replacement.	s N	NA .	Yes	Dental	CI			Х	276		
Procedure Code	234	Product/Service ID	AN	1	48	Code identifying the procedure, product or service.	R	CL	Yes		CI	Х	447, 492	Х	267, 302	х	401, 498, 556
Procedure Code	1271	Industry Code	AN	1	30	Code identifying the procedure, product or service.	s	CL	No		CI	Х	245-254				
Procedure Code Description	352	Description	AN	1	80	Description clarifying the Product/Service Procedure Code and related data elements.	S N	NA	Yes		CI	Х	492	Х	303	Х	557
Procedure Count	380	Quantity	R	1	15	Number of Procedures	R N	NA .	Yes	Dental	CI			Х	270		
Procedure Date	1251	Date Time Period	AN	1	35	5 Date when the health care procedure was performed.	s N	NA	No		CI	Х	245-255				
Procedure Modifier	1339	Procedure Modifier	AN	2	2 2	This identifies special circumstances related to the performance of the service.	s١	(	No		CI	х	447, 448, 492	Х	267, 303	Х	401, 402, 556
Product or Service ID Qualifier	235	Product/Service ID Qualifier	ID	2	2 2		R (		No		CI	х	214, 311, 446, 491	Х	266, 302	Х	401, 498, 555
Prognosis Code	923	Prognosis Code	ID	1	1	1 Code indicating physician's prognosis for the patient.	s Y	(	No	Home Hlth	CI-HH	х	211				
Property Casualty Claim Number	127	Reference Identification	AN	1	30	Identification number for property casualty claim associated with the services identified on the bill.	S	NA	No		CI	Х	120, 156	Х	116, 148	Х	129, 169
Prosthesis, Crown, or Inlay Code"	1358	"Prosthesis, Crown or Inlay Code"	ID	1	1	Code Specifying the Placement Status for the Dental Work	s \	(	No	Dental	CI			Х	270		
Provider Code	1221	Provider Code	ID	1	3	Code identifying the type of provider.	R /S	(	No		PI	х	71, 324, 331, 338, 345, 352, 465, 472, 479, 486	Х	71, 190, 198, 292	Х	79, 285, 293, 504, 544
Provider or Supplier Signature Indicator	1073	Yes/No Condition or Response Code	ID	1	1	An indicater that the provider of service reported on this claim acknowledges the performance of the service and authorizes payment, and that a signature is on file in the provider's office.	R Y		No		CI	x	160	X	152	Х	174
Provider Taxonomy Code		Reference Identification	AN	1	30	Code designating the provider type, classification, and specialization.	s	CL	No		PI	Х	72, 325, 332, 339, 346, 353, 466, 473, 480, 487	Х	72, 191, 199, 293	х	80, 286, 294, 505, 545
Purchased Service Charge Amount	782	Monetary Amount	R	1	18	The charge for the purchased service.	s N	NA	No		CI					Х	490
Purchased Service Provider Identifier	67	Reference Identification	AN	1	30	The provider number of the entity from which service was purchased.	s N	NA .	No		CI					Х	300, 511
Purchased Service Provider Identifier	127	Name Landar Opposite ii					s N	NA	No		CI					Х	489
Purchased Service Provider Name	1035	Name Last or Organization Name	AN	1	35	The name of the provider of the purchased service.	S N	NA A	No		CI					Х	387
Purchased Service Provider Secondary Identifier	127	Reference Identification	AN	1	30	Additional identifier for the provider of purchased b services.	s N	NA	No		CI					Х	302, 513
Quantity Qualifier	673	Quantity Qualifier	ID	2	2 2	Code specifying the type of quantity	S Y	(	No		CI	Х	306	Х	281	Х	462

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Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Sit	Commentary	Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	Page#	837-Dental	Page #	837- Professional	Page #
Question Number/Letter	350	Assigned Identification	AN	1	20	Identifies the question or letter number.	R N	A	No		CI					Х	570
Question Response	1073	Yes/No Condition or Response Code	ID	1	1	A yes/no question response.	S Y		No		CI			Х	167	Χ	570
Question Response	127	Reference Identification	AN	1	30	A yes/no question response.	s /		No		CI					Х	571
Question Response	332	Percent	R	1	6	A yes/no question response.	S N	Α	No		CI					Χ	571
Question Response	373	Date	DT	8	8	A yes/no question response.	S N	1 1	No		CI					Χ	571
Receiver Additional Name	93	Name	AN	1	60	Additional name information for the receiver.	SN	This is only required if the name is over 35 characters.	No		CI			Х	68	Χ	76
Receiver Name	1035	Name Last or Organization Name	AN	1	35	Name of organization receiving the transaction.	R N	A	No		CI	Х	68	Х	67	Χ	75
Receiver Primary Identifier	67	Identification Code	AN	2	80	Primary identification number for the receiver of the transaction.	R N	A	No		CI	Х	68	Х	67	Χ	75
Reference Identification Qualifier	128	Reference Identification	ID	2	3	Code qualifying the reference identification	R /S Y		No		CP	X	60, 72, 83, 85, 97, 117, 120, 124, 132, 153, 155, 185, 186, 187, 189, 191, 193, 195, 197, 198, 200, 202, 325, 326, 332, 333, 339, 340, 346, 347, 353, 357, 408, 416, 418, 422, 426, 430, 434, 438, 442, 465, 467, 473, 474, 480, 481, 487, 488	x	57, 72, 84, 85, 95, 113, 115, 124, 130, 145, 147, 175, 177, 180, 182, 184, 190, 193, 199, 201, 207, 238, 247, 249, 252, 255, 259, 263, 283, 284, 285, 292, 295, 300		66, 80, 92, 94, 106, 126, 128, 137, 150, 166, 168, 222, 224, 226, 228, 230, 232, 233, 235, 236, 239-242, 286, 288, 294, 296, 301, 310, 316, 357, 368, 370, 373, 376, 380, 384, 388, 392, 396, 468-470, 472, 474, 475, 477-480, 483, 504, 507, 512, 521, 527, 536, 545, 547, 552
Referral Date	1251	Date Time Period	AN	1		Date of referral.	S N	Δ	No		CI		· , · , · ·	x	160	Х	185, 439
Referral Number		Reference Identification	AN	1		Referral authorization number.	SN		No		CI			X	182, 284		100, 100
Referring CLIA Number		Reference Identification	AN	1		Referring CLIA number.	SN		No		CI				102, 201	Х	477
Referring Provider First Name	1036	Name First	AN	1	25	The first name of provider who referred the patient to the provider of service on this claim.	S N	A	No		CI	Х	343, 484	Х	188	Х	283, 542
Referring Provider Identifier	67	Identification Code	AN	2	80	The identification number for the referring physician.	S N	A	No		CI	Х	344	Х	189	Х	284, 543
Referring Provider Last Name	1035	Name Last or Organization Name	AN	1	35	The Last Name of Provider who referred the patient to the provider of service on this claim.  Middle name of the provider who is referring patient for	S N	A	No		CI	Х	343, 484	Х	188	Χ	283, 379, 542
Referring Provider Middle Name Referring Provider Name Additional	1037	Name Middle	AN	1	25	care.  Additional name information identifying the referring	SN	A This is only required if the name is over 35	No		CI	Χ	344, 484	Х	189	Χ	284, 543
Text	93	Name	AN	1	60	provider.  Suffix to the name of the provider referring the patient	S N	A characters.	No		CI			Х	192	Χ	287, 546
Referring Provider Name Suffix Referring Provider Secondary	1039	Name Suffix	AN	1	10	for care.  Additional identification number for the provider	S N	A	No		CI	Х	344, 484	Х	189	Χ	284, 543
Identifier	127	Reference Identification	AN	1	30	referring the patient for service.	S N	A	No		CI	Х	348, 489	Х	194	Χ	289, 548
Reimbursement Rate	954	Percent	R	1	10	Rate used when payment is based upon a percentage of applicable charges.	SN	A	No	СОВ	CI-COB	Χ	397			Χ	347

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Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or Situat	Commentary	Currently capture DMH	Service	Client, Provider, Claim Data	837-Institutional	Bage #	837-Dental	Bage #	837- Professional	# Bage H
Reject Reason Code	901	Reject Reason Code	ID	2	2	Code assigned by issuer to identify reason for rejection	S Y		No		CI-CR	х	312			Х	274, 499
Related Causes Code Related Hospitalization Admission	1362	Related-Causes Code	ID	2	3	Code identifying an accompanying cause of an illness, injury, or an accident.  The date the patient was admitted for inpatient care	R /S Y		No		CI	х	161, 162	х	153, 154	х	176, 177
Date Related Hospitalization Discharge		Date Time Period	AN	1		related to current service.  The date the patient was discharged from the inpatient care referenced in the applicable hospitalization or	S N		No		CI			Х	157	X	209
Date  Release of Information Code		Date Time Period  Release of Information Code	AN ID	1		hospice date.  Code indicating whether the provider has on file a signed statement permitting the release of medical data to other organizations.	S N		No No		CI	x	161. 391	x	153. 230	X	211 175, 345
Remark Code		Reference Identification	AN	1		Code indicating a code from a specific industry code list, such as the Health Care Claim Status Code list.	S Y		No	COB	CI-COB	х	393, 396, 398, 399		, 200	х	348, 349
Rendering Provider First Name	1036	Name First	AN	1	25	The first name of the provider who performed the service.  The identifier assigned by the Payor to the provider	S N	A	Yes		PI			Х	196, 290	x	291, 502
Rendering Provider Identifier Rendering Provider Last or Organization Name		Name Last or Organization Name	AN AN	1		who performed the service. The last name or organization of the provider who	S N		Yes Yes		PI PI			X	197, 291 196, 290	X	292, 503 291, 383, 502
Rendering Provider Middle Name Rendering Provider Name Additional	1037	7 Name Middle	AN	1	25	Middle name of the provider who has provided the services to the patient.  Additional name information identifying the rendering	S N	A This is only required if the name is over 35	Yes		PI			Х	196, 290	х	292, 503
Text  Rendering Provider Name Suffix		Name Suffix	AN AN	1		provider.  Name suffix of the provider who has provided the services to the patient.	S N	A characters.	No Yes		PI PI			X	200, 294 196, 290	X	295, 506 292, 503
Rendering Provider Secondary Identifier		Reference Identification	AN	1		Additional identifier for the provider providing care to the patient.	S N		Yes		PI			Х	202, 296	Х	297, 508
Replacement Date	1251	Date Time Period	AN	1	35	Replacement Date for appliance or prosthesis  The maximum amount determined by the repricer as being allowable under the provisions of the contract	S N	A	No	Dental	CI			X	280		
Repriced Allowed Amount Repriced Approved Ambulatory Patient Group Amount		Monetary Amount  Monetary Amount	R R	1		prior to the determination of the actual payment.  Amount of payment by the repricer for the referenced  Ambulatory Patient Group.	S N		No No		CI-CR	Х	309			X	272, 496 273, 497
Repriced Approved Ambulatory Patient Group Code		Reference Identification	AN	1		Identifier for Ambulatory Patient Group assigned to the claim by the repricer.  The amount allowed by the repricer for the claim or	S M		No		CI-CR	V	040			х	273, 497
Repriced Approved Amount  Repriced Approved DRG Code		Monetary Amount Reference Identification	R AN	1		service line net of adjustments.  The Diagnosis Related Group approved by the repricer for payment for this claim	S N		No No		CI-CR CI-CR	X	310 310				
Repriced Approved HCPCS Code		Product/Service ID	AN	1		The HCPCS code that describes the services as approved by the repricer.  UB92 revenue code approved by the repricer for	s c		No		CI-CR	Х	311				
Repriced Approved Revenue Code	234	Product/Service ID	AN	1	48	payment on the claim.	s c	<u> </u>	No		CI-CR	Х	311				

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Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition		Commentary	Currently captured DMH	Service Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Repriced Approved Service Unit						Number of service units approved by pricing or										
Count	380	Quantity	R	1	1 15	repricing entity.  Identification number, assigned by a repricing	SI	NA .	No	CI-CF	2 X	312	-		Х	499
Repriced Claim Reference Number	127	Reference Identification	AN	1	30	organization, to identify the claim.	s I	NA	No	CI-CF	x x	186			Х	233
Repriced Line Item Reference Number	127	Reference Identification	AN	1	30	Identification number of a line item repriced by a third party or prior payer.	s I	NA	No	CI-CF					x	468
						The amount of savings related to Third Party										
Repriced Saving Amount	782	Monetary Amount	R	1	18	Organization claims.  Reference or identification number of the repricing	SI	NA .	No	CI-CF	X	310	-		Х	273, 497
Repricing Organization Identifier	127	Reference Identification	AN	1	30	organization.	s I	NA	No	CI-CF	x x	310			Х	273, 497
Repricing Per Diem or Flat Rate	110	Rate	R			Amount used to determine the flat rate or per diem	٠,	NA	No	CI-CF		310			х	272 407
Amount	110	Rate	K		1 8	price by the repricing organization.	0 1	NA .	No	CI-CF	1	310			^	273, 497
						Additional name of the person or entity responsible for payment of balance of bill after applicable processing		This is only required if the name is over 35								
Responsible Party Additional Name	93	Name	AN	1	60		s I	NA characters.	No	CI					Х	142
						Address line of the property of which the second side for										
						Address line of the person or entity responsible for payment of balance of bill after applicable processing										
Responsible Party Address Line	166	Address Information	AN	1	55	by other parties, insurers, or organizations	R I	NA	Yes	CI	Х	136			Х	143
						City name of the person or entity responsible for										
						payment of balance of bill after applicable processing										
Responsible Party City Name	19	City Name	AN	2	2 30	by other parties, insurers, or organizations	RI	NA .	Yes	CI	X	137			Х	144
						First name of the person or entity responsible for										
Responsible Party First Name	1026	Name First	AN	1	25	payment of balance of bill after applicable processing by other parties, insurers, or organizations	R I	NA	Yes	CI		135			x	140
Responsible Party First Name	1030	Name riist	AIN		20	Last name or organization name of the person or	KI	NA .	res	Ci	+^	135	+		^	140
						entity responsible for payment of balance of bill after										
Responsible Party Last or Organization Name	1035	Name Last or Organization Name	AN	1	35	applicable processing by other parties, insurers, or organizations	R I	NA	Yes	CI	l <sub>x</sub>	135			x	140
						Middle name of the person or entity responsible for payment of balance of bill after applicable processing										
Responsible Party Middle Name	1037	Name Middle	AN	1	25		R	NA	Yes	CI	Х	135			Х	141
						Postal ZIP code of the person or entity responsible for										
Responsible Party Postal Zone or ZIP						payment of balance of bill after applicable processing										
Code	116	Postal Code	ID	3	3 15	by other parties, insurers, or organizations	R (	CL	Yes	CI	Х	137			Х	145
						State or province of the person or entity responsible										
	4	D				for payment of balance of bill after applicable										
Responsible Party State Code	156	State or Province Code	טו	2	2 2	processing by other parties, insurers, or organizations.	R	<u>UL  </u>	Yes	CI	X	137	-		Х	144
						Suffix for name of the person or entity responsible for										
Responsible Party Suffix Name	1030	Name Suffix	AN	,	1 10	payment of balance of bill after applicable processing by other parties, insurers, or organizations	R I	NA.	Yes	CI	_	135			×	141
						Free-form description of the purpose of the ambulance				Ambulan	+^	133			^	
Round Trip Purpose Description	352	Description	AN	1	80	transport round trip.	S	NA	No	ce CI		1			Χ	250, 414

					LD	]	ΞĮ,	<u>a</u>	,		o		Implementation	1	mplementation		Implementation
All data elements - in order by Indust	try Na	ime		LEN	GTH		tuat	pa	_		a j		Guide	<u> </u>	Guide		Guide
Industry Name	Data Element	Element Name	Type	Minimum	Maximum		Required or Situation		DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Sales Tax Amount	782	Monetary Amount	R	1		Amount of sales tax attributable to the referenced Service.	S N				CI					x	484
Service Adjudication or Payment Date		,	AN	1		Date of payment or denial determination by previous payer when service line adjudication has been performed.	SN		No		СР	х	502				
Service Authorization Exception Code	127	Reference Identification	AN	1	30	Code identifying the service authorization exception.	S Y	Required when a service is provided without required prior authorization.	No		CI	Х	196	Х	178	х	223
Service Date	373	Date Time Period	AN	1	35	Date of service, such as the start date of the service, the end date of the service, or the single day date of the service.	R /S N	A Ye	es		CI	X	457	x	165, 274	Х	436
Service Facility Location Secondary Identifier	127	Reference Identification	AN	1	30	Secondary identifier for service facility location.	s N	A	No		CI					x	522
Service Facility Name		Name Last or Organization Name	AN	1		Name for sevice facility.	S N				CI					Х	391
Service From Date		Date	DT	8		The date the service referenced in the claim or service line was initiated.	SN			Home Hlth	CI-HH	Х	211				55.
Service Line Paid Amount	782	Monetary Amount	R	1	18	Amount paid by the indicated payer for a service line	S N	A No	٧o		СР	Х	491	х	302	х	555
		Unit Rate	R	1		Payment rate that applies to the service line.	S N		_		CI	х	449				
Service Line Revenue Code	234	Product/Service ID	AN	1	48	UB92 Revenue Code pertaining to the service line.	R C	L No	10		CI	Х	446, 492				
Service Tax Amount	782	Monetary Amount	R	1	18	The amount of service tax or surcharge applicable to the reported service	s N	A No	No		CI	Х	460				
						The quantity of units, times, days, visits, services, or treatments for the service described by the HCPCS											
Service Unit Count	380	Quantity	R	1	15	codes, revenue code or procedure code.	R N	A Ye	es	Hama	CI	Х	449			Х	403
Ship, Delivery or Calendar Pattern Code"	678	Ship/Delivery or Calendar Pattern Code	ID	1	2	The time delivery pattern for the services.	S Y	No	No	Home Hlth	CI-HH	х	318			Х	280, 493
Shipped Date	1251	Date Time Period	AN	1	35	Date product shipped.	S N	A No	٧o		CI					Х	451
Similar Illness or Symptom Date	1251	Date Time Period	AN	1	35	Date of onset of a similar illness or symptom.	S N	A No			CI					Х	193, 461
Skilled Nursing Facility Indicator	1073	Yes/No Condition or Response Code	ID	1	1	Code indicating whether or not a patient is receiving care in a 1861J1 (skilled nursing) facility	S Y	No	No	Home Hlth	CI-HH	х	212				
Special Program Indicator	1366	Special Program Code	ID	2	3	A code indicating the Special Program under which the services rendered to the patient were performed.	S Y	No	No		CI	х	163	х	155	х	178
Statement From or To Date	1251	Date Time Period	AN	1	35	The date of the start or end of the period covered on the claim.	R N	A No	No .		CI	х	168				
Stretcher Purpose Description	352	Description	AN	1	80	Free-form description of the purpose of the use of a stretcher during ambulance service.  Code indicating the student status of the patient if 19	S N	A No		Ambulan ce	CI					Х	250, 414
Student Status Code	1220	Student Status Code	ID	1	1	years of age or older, not handicapped and not the insured	S Y	No	_	Dental	CD			х	135		
Subluxation Level Code	1367	Subluxation Level Code	ID	2	3	Code identifying the specific level of subluxation.	S Y	No		Spinal Manip	CI-SM					Х	252, 253, 416, 417
Submitter Contact Name	93	Name	AN	1	60	Name of the person at the submitter organization to whom inquiries about the transaction should be directed.	R N	A No	No		PI	x	65	x	64	x	72

All data elements - in order by Indus	tmr No	nmo.			ELD IGTH	ᇣ	gg	d by		o		Implementation Guide	ı	mplementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	is to p	Commentary	Currently captured DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Bage #	837- Professional	Bage #
Submitter First Name	1036	Name First	AN	1	25	a first processing recommendation of the first processing	NA	Yes		PI	х	62	х	60	Х	68
Submitter Identifier	67	Identification Code	AN	2	80	Code or number identifying the entity submitting the claim.	М	No		PI	х	63	Х	61	х	69
Submitter Last or Organization Name	1035	Name Last or Organization Name	AN	1	35	The last name or the organizational name of the entity submitting the transaction R	NA	Yes		PI	х	62	Х	60	Х	68
Submitter Middle Name	1037	Name Middle	AN	1	25	The middle name of the person submitting the transaction S	NA	Yes		PI	х	62	Х	60	х	68
Subscriber Address Line	166	Address Information	AN	1	55	J	NA	Yes	COB	CI-COB	х	112	Х	108	Х	121
Subscriber Birth Date	1251	Date Time Period	AN	1	35	The date of birth of the subscriber to the indicated coverage or policy.	NA	Yes	СОВ	CI-COB	х	116	Х	112	Х	125
Subscriber City Name	19	City Name	AN	2	30	The City Name of the insured individual or subscriber to the coverage S	NA	Yes	СОВ	CI-COB	х	113	Х	109	Х	122
Subscriber First Name	1036	Name First	AN	1	25		NA	Yes	СОВ	CI-COB	х	109	Х	104	Х	118
Subscriber Gender Code	1068	Gender Code	ID	1	1	Code indicating the sex of the subscriber to the indicated coverage or policy.	Υ	Yes	СОВ	CI-COB	х	116	Х	112	Х	125
Subscriber Last Name	1035	Name Last or Organization Name	AN	1	35		NA	Yes	СОВ	CI-COB	х	109	Х	104	Х	118
Subscriber Middle Name	1037	Name Middle	AN	1	25	The middle name of the subscriber to the indicated coverage or policy.  Suffix of the insured individual or subscriber to the	NA	Yes	СОВ	CI-COB	х	109	Х	104	Х	118
Subscriber Name Suffix	1039	Name Suffix	AN	1	10		NA	Yes	СОВ	CI-COB	х	110	Х	105	Х	118
Subscriber Postal Zone or ZIP Code	116	Postal Code	ID	3	15	the coverage S	CL	Yes	СОВ	CI-COB	х	114	Х	110	Х	123
Subscriber Primary Identifier	67	Identification Code	AN	2	80	Primary identification number of the subscriber to the coverage.	NA	Yes	СОВ	CI-COB	Х	110	Х	106	Х	119
Subscriber State Code	156	State or Province Code	ID	2	2	The State Postal Code of the insured individual or subscriber to the coverage S	~=	Yes	СОВ	CI-COB	х	114	Х	110	х	123
Subscriber Supplemental Description	93	Name	AN	1	60	•	This is only required if the name is over 35 NA characters.	No	СОВ	CI-COB			Х	107	Х	120
Subscriber Supplemental Identifier	127	Reference Identification	AN	1	30		NA	No	COB	CI-COB	х	118	Х	114	Х	127
Supervising Provider First Name	1036	Name First	AN	1	25	The First Name of the Provider who supervised the rendering of a service on this claim.	NA	No		PI					Х	313, 524
Supervising Provider Identifier	67	Identification Code	AN	2	80	The Identification Number for the Supervising Provider. S	NA	No		PI					Х	314, 525
Supervising Provider Last Name	1035	Name Last or Organization Name	AN	1	35	The Last Name of the Provider who supervised the rendering of a service on this claim.	NA	No		PI					Х	313, 395, 524
Supervising Provider Middle Name Supervising Provider Name Additional	1037	Name Middle	AN	1	25	to the patients	NA This is only required if the name is over 35	No		PI					Х	313, 524
Text	93	Name	AN	1	60		NA characters.	No		PI					Х	315, 526
Supervising Provider Name Suffix	1039	Name Suffix	AN	1	10		NA	No		PI					Х	313, 524
Supervising Provider Secondary Identifier	127	Reference Identification	AN	1	30	Additional identifier for the provider supervising care rendered to the patient.	NA	No		PI					Х	317

All data elements - in order by Indu	stry Na	ame			LD GTH		nat'l	ad by			o, or		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition		Commentary Commentary		Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Surgery Date	373	Date	DT	8	8	Requested, anticipated, or actual date of surgery.	S	IA No	О	Home Hlth	CI-HH	х	213				
Surgical Procedure Code	1137	Medical Code Value	AN	1	15	Code describing the surgical procedure most relevant to the care being rendered.	s	CL No		Home Hlth	CI-HH	х	214				
Terms Discount Percentage	338	Terms Discount Percent	R	1	6	Discount percentage available to the payer for payment within a specific time period.	s I	IA No	О		CI	х	177			х	218
Test Performed Date	1251	Date Time Period	AN	1	35	The date the patient was tested for arterial blood. gas and/or oxygen saturation on room air.	S	IA No	О		CI					Х	448
Test Results	739	Measurement Value	R	1	20	If tests are performed under other conditions such as oxygen, give test results and information necessary for interpreting the tests and why performed under these conditions.  An indication of the tooth on which services were	S I	IA No	Ю		CI					Х	465
Tooth Code		Industry Code	AN	1		performed or will be performed.	s			Dental	CI			Х	272		
Tooth Number		Reference Identification	AN	1		Standard identification number of a tooth.	S		_	Dental	CI			Х	168		
Tooth Status Code	1368	Tooth Status Code	ID	1	2	Code specifying the status of a tooth	S	Yes Yes	es	Dental	CI			Х	168		
Tooth Surface Code	1369	Tooth Surface Code	ID	1	2	The surface(s) of the tooth on which services were performed or will be performed.	s	Yes	es	Dental	CI			Х	272		
Total Claim Charge Amount	782	Monetary Amount	R	1	18	The sum of all charges included within this claim.	R I	IA No	0		СР	х	159	Х	151	Х	172
Total Medicare Paid Amount	782	Monetary Amount	R	1	18	Amount reported by the payer as paid by Medicare	s I	IA No	0	СОВ	CI-COB	х	377				
Total Purchased Service Amount	782	Monetary Amount	R	1	18	Amount of charges associated with the claim attributable to purchased services	s	IA Pertains to subcontracted services. No	0		CI					X	221
Total Visits Projected This Certification Count		Number	N0	1		Total covered visits to be rendered by each discipline during the period covered by the plan of treatment, including PRN visits.	S			Home Hlth	CI-HH	х	315				
						Total visits on this bill rendered prior to re-certification				Home							
Total Visits Rendered Count	1470	Number	N0	1	9	date.	S	IA No	0	Hlth	CI-HH					Х	277
Transaction Segment Count	96	Number of Included Segments	N0	1	10	A tally of all segments between the ST and the SE segments including the ST and SE segments.	R	IA No	О		СР	Х	503	Х	313	х	572
		Transaction Set Control				The unique identification number within a transaction											
Transaction Set Control Number	329	Number	AN	4	9	set. Identifies the date the submitter created the	R	IA No	0		CP	Х	56, 503	Х	53, 313	Х	62, 572
Transaction Set Creation Date	373	Date	DT	8	8	transaction	R	IA No	О		CP	Χ	58	Х	55	Х	64
Transaction Set Creation Time	337	7 Time	ТМ	4	8	Time file is created for transmission.	RI	IA No	О		СР	х	58	х	56	x	65
Transaction Set Identifier Code		Reference Identification	AN	1	30	Code uniquely identifying a Transaction Set.	R `		_		CP	Χ	56	Χ	53	Х	62
Transaction Set Purpose Code	353	Transaction Set Purpose  Code	ID	2	2	Code identifying purpose of transaction set.	R	, No	О		СР	х	58	Х	55	x	64
Transmission Type Code	127	Reference Identification	AN	1		Code identifying the type of transaction or transmission included in the transaction set.	R	, No	О		СР	х	60	х	57	х	66
	0.5									mbulan	01						050 444
Transport Distance	380	Quantity	R	1	15	Distance traveled during the ambulance transport.  Code identifying treatment according to treatment code	S	JA No	0	ce	CI					X	250, 414
Treatment Code	1271	Industry Code	AN	1	30	list instructions as determined according to uniform bill instructions	s '	, No		Home Hlth	CI-HH	Х	300-305				
Treatment Count	380	Quantity	R	1	15	Total number of treatments in the series.	SI	NA No		Spinal Manip	CI-SM					x	252, 416
			<u> </u>			The number of time periods during which treatment will			_	Spinal							202, 110
Treatment Period Count	380	Quantity	R	1	15	be provided to patient.	S	NO NO	0	Manip	CI-SM					Χ	255, 419, 424

All data elements - in order by Indus	tru Ni	-mo		FIE LEN		]	at'l	op o	,		or		Implementation Guide		Implementation Guide		Implementation Guide
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	luired or Sit	Commentary capture of the capture of	DMH	Service	Client, Provider, Claim Data	837-Institutional	Page #	837-Dental	Page #	837- Professional	Page #
Treatment Series Number	609	Count	N0	1	g	Number this treatment is in the series of services.	s 1	A	No	Spinal Manip	CI-SM					Х	252, 416
Unit or Basis for Measurement Code	355	Unit or Basis for Measurement Code	ID	2	2	Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.	s	N	No	,	CI	Х	107, 144, 307, 311, 448			Х	115, 156, 249, 250, 254, 403, 413, 414, 418, 422, 498
Universal Product Number	127	Reference Identification	AN	1	30	Industry standard code identifying supplies and materials.	2	A	٥V		CI					Х	483
Value Added Network Trace Number	127	Reference Identification	AN	1	30	Unique Identification number for a transaction assigned by a Value Added Network, Clearinghouse, or other transmission entity.	s n	A N	No		СР	Х	188	х	184		
Value Code	1271	Industry Code	AN	1	30	The uniform billing value code communicating established billing information.	s	L	No		CI	Х	281-288				
Value Code Associated Amount	782	2 Monetary Amount	R	1	18	Amount associated with indicated code value  The unit for home health visitations. Example: One visit	S N	A N	٧o		CI	Х	281-289				
Visits	673	Quantity Qualifier	ID	2	2	every three days for 21 days. This element qualifies that the data is communicating visits.	s I	A	No	Home Hlth	CI-HH	х	317			Х	279, 492
Visits Prior to Recertification Date Count	1470	) Number	N0	1	ç	Number of visits for care prior to the date of the recertification of services.	s I	A	No.	Home Hlth	CI-HH	x	315				
		Date Time Period	AN	1		Date patient was or is able to return to the patient's normal occupation or to a similar or substitute occupation.	SI		No.	11101	CI	^	313			Х	207
X-ray Availability Indicator	1073	Yes/No Condition or Response Code	ID	1	1	Indicates if X-Rays are on file for chiropractor spinal manipulation.	s	N	No	Spinal Manip	CI-SM					Х	256, 420

837-Institutional Data Elements			_		ELD IGTH		ituat'	ride		red by	
Industry Name	Data Element	Element Name	Type	Minimum	Maximum	Element Definition	Required or Situat	In Impl'tn Guide	Commentary	Currently captured DMH	Service
Activities Permitted Code	1321	Condition Indicator	ID	2	2	Code describing the activities permitted by the physician or for which physician's orders are present.	s	Υ		No	
Adjudication or Payment Date	1251	Date Time Period	AN	1	35	Date of payment or denial determination by previous payer.	s	NA		No	
Adjusted Repriced Claim Reference Number	127	Reference Identification	AN	1	30	Identification number, assigned by a repricing organization, to identify an adjusted claim.	s	NA	1	No	
Adjustment Amount	782	Monetary Amount	R	1	18	Adjustment amount for the associated reason code.	R	NA		No	
Adjustment Quantity	380	Quantity	R	1	15	Numeric quantity associated with the related reason code for coordination of benefits.	R	NA		No	
Adjustment Reason Code	1034	Claim Adjustment Reason Code	ID	1	5	Code that indicates the reason for the adjustment.	R	CL		No	
Admission Date and Hour Admission Source Code		Date Time Period Admission Source Code	AN ID	1		The date and time of the admission to the facility.  Code indicating the source of this admission.		NA CL	The date is mandatory in CTRAC, but the time of admission is optional in CTRAC, but both are now required under HIPAA.	Yes/N o No	
Admission Type Code		Admission Type Code	ID	1	1	Code indicating the priority of this admission.			A field by this same name is mandatory in CTRAC, but it has different contents and purpose. This data is required under HIPAA when the patient is being admitted to the hospital for inpatient services.	-	
Allowed Amount		Monetary Amount	R	1	18	The maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.		NA		No	СОВ
Amount Qualifier Code	522	Amount Qualifier Code	ID	1	3	Code to qualify amount.	s	Υ		No	
Assessment Date	1251	Date Time Period	AN	1	35	Date on which patient assessment or other required assessment was performed	s	NA		Yes	

		T	1			Number assigned for differentiation within a transaction	1	1	T		1
Assigned Number	EE 4	Assigned Number	NO	4		Number assigned for differentiation within a transaction set.	Ь	NA		No	
Assigned Number	554	Assigned Number	NU	1	C	Identification number of attachment related to the	ĸ	INA	1	INO	
Attachment Control Number	67	Identification Code	AN	2	9.0	claim.	0	М	Needed if there are paper attachments to a claim.	No	
Attachment Control Number	67	Identification Code	AIN		80		0	IVI	Needed if there are paper attachments to a	INO	
Attack as at December	250	Description		4	00	Free-form text describing attachments related to the			• •	NI-	
Attachment Description	352	Description	AN	1	80	claim.	_	NA		No	
Attachus at Danat Tura Cada	755	Daniel Time Code	I.D.	_	_	Code to specify the type of attachment that is related to			Needed if there are paper attachments to a	NI-	
Attachment Report Type Code	755	Report Type Code	ID	2			5	Υ	claim.	No	
						Code defining timing, transmission method or format			N. 1.170		
					_	by which an attachment report is to be sent or has			Needed if there are paper attachments to a		
Attachment Transmission Code	756	Report Transmission Code	ID	1	2		S	Υ	claim.	No	
						First name of the physician responsible for care of the					
Attending Physician First Name	1036	Name First	AN	1	25	patient.	S	NA		Yes	
		Name Last or Organization				Last name of the physician responsible for care of the					
Attending Physician Last Name	1035	Name	AN	1	35	patient.	S	NA		Yes	
						Middle name of the physician responsible for care of					
Attending Physician Middle Name	1037	Name Middle	ΑN	1	25	the patient	S	NA		Yes	
						Suffix to the name of the physician responsible for the					
Attending Physician Name Suffix	1039	Name Suffix	AN	1	10	care of the patient	S	NA		Yes	
-						Primary identification number of the physician					
Attending Physician Primary Identifier	67	Identification Code	AN	2	80	responsible for care of the patient.	s	NA		Yes	
Attending Physician Secondary						Secondary identification number of the physician					
Identifier	127	Reference Identification	AN	1	30	responsible for the care of the patient	s	NA		Yes	
			1				Ť				
Auto Accident State or Province Code	156	State or Province Code	ID	2	2	State or Province where auto accident occurred.	s	CL		No	
Auto Accident State of Frevince Sode	100	Clate of 1 Tovince Code	10			A code showing whether the provider has a signed	۲	UL		140	
Benefits Assignment Certification		Yes/No Condition or				form authorizing the third party payer to pay the					
Indicator	1073	Response Code	ID	1	1		Ь	Υ		No	СОВ
ilidicator	1073	Response Code	טו	- '		Free-form text providing additional information about	11	+-		INO	СОВ
Billing Note Text	252	Description	AN	1	0.0		6	NA		No	
Billing Note Text	332	Description	AIN	1	οU	Identifies another or additional distinguishing code	3	INA		INO	
Dilling Dravidas Additional Identifies	107	Deference Identification	A N I	4	20			NI A		Nia	
Billing Provider Additional Identifier	127	Reference Identification	AN	- 1	30	number associated with the billing provider	0	NA		No	
Dillian Danidan Addana Lina	400	A - -				Address line of the billing provider or billing entity				V	
Billing Provider Address Line	166	Address Information	AN	1	55	address.	ĸ	NA		Yes	
5		\alpha_{ii} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l	_						.,	
Billing Provider City Name	19	City Name	AN	2	30	City of the billing provider or billing entity	К	NA		Yes	
		l				Person at billing organization to contact regarding the		<b>.</b>			
Billing Provider Contact Name	93	Name	AN	1	60	billing transaction.	S	NA		No	
			1			Identification number for credit card processing for the		l			
Billing Provider Credit Card Identifier	127	Reference Identification	AN	1	30	billing provider or billing entity	S	NA		No	
						Identification number for the provider or organization in					
						whose name the bill is submitted and to whom payment					
Billing Provider Identifier	67	Identification Code	AN	2	80	should be made.	R	NA		Yes	
Billing Provider Last or Organizational		Name Last or Organization				Last name or organization name of the provider billing					
Name	1035	Name	ΑN	1	35	or billing entity for services.	R	NA		Yes	
Billing Provider Postal Zone or ZIP						Postal zone code or ZIP code for the provider or billing					
	116	Postal Code	ID	3	15	entity billing for services.	R	CL		Yes	
Code	110										
Billing Provider State or Province	110					State or province for provider or billing entity billing for					

						Identification of line item bundled or unbundled by		
Bundled or Unbundled Line Number	554	Assigned Number	N0	1	(	payer in coordination of benefits.	No	
		Yes/No Condition or				Code indicating whether or not the condition codes		
Certification Condition Indicator	1073	Response Code	ID	1		1 apply to the patient or another entity.	No	
						Code indicating whether or not the condition codes		
Certification Condition Indicator		Code Category	ID	2		2 apply to the patient or another entity.	No	
Certification Type Code	1322	Certification Type Code	ID	1	,	1 Code indicating the type of certification S Y	No	
		Claim Adjustment Group				Code identifying the general category of payment		
Claim Adjustment Group Code	1033	Code	ID	1	2	2 adjustment.	No	
						The same has a fraction of a standard days are sinted with the		
Claim Dava Count	200	Quantity	_	4	4.5	The number of categorized days associated with the claim, such as lifetime reserve days, covered days.	No	
Claim Days Count	380	Quantity	R	1	18	5 claim, such as lifetime reserve days, covered days. S NA	No	
						Sum of operating capital disproportionate share		M'care
Claim Disproportionate Share Amount	782	Monetary Amount	R	1	19	B amounts for this claim.	No	inpatien
Claim Disproportionate Share Amount	702	Monetary Amount	11	- 1	- 10	amounts for this claim.	INU	IIIpatieii
						Total of Prospective Payment System operating and		M'care
Claim DRG Amount	782	Monetary Amount	R	1	18	B capital amounts for this claim.	No	inpatien
Olaim Bro Amount	102	Monetary Amount	11	- 1	- 10	Total Prospective Payment System Outlier and Capital	140	Inpation
Claim DRG Outlier Amount	782	Monetary Amount	R	1	15	B Outlier amounts for this claim.	No	DRG
Claim Bre Cather Amount	102	I World a y 7 a riod it	1 \	- 1	- 10	Guiller arrivantes for this dulini.	140	M'care
						End Stage Renal Disease (ESRD) payment amount for		outpatie
Claim ESRD Payment Amount	782	Monetary Amount	R	1	19	B the claim.  S NA	No	nt
Olaim EORD Fayment Amount	702	Monetary Amount	11	- '	- 10	Code identifying type of claim or expected adjudication	140	111
Claim Filing Indicator Code	1032	Claim Filing Indicator Code	ID	1	-	2 process.	No	СОВ
Claim i ming maleator code	1002	Claim i ling maleator code	10			Code specifying the frequency of the claim. This is the	140	COB
						third position of the Uniform Billing Claim Form Bill		
Claim Frequency Code	1325	Claim Frequency Type Code	ID	1		1 Type.	No	
Claim Frequency Gode	1020	Claim requeriey Type Code	10	-		Type.	140	M'care
						Sum of payable line item amounts for HCPCs codes		outpatie
Claim HCPCS Payable Amount	782	Monetary Amount	R	1	18	B billed on this claim.	No	nt
ciami i i co i ajazio i incant		Worldary / Wildark			- ' '	Simot on the claim.	110	
						Total of operating and capital indirect teaching amounts		M'care
Claim Indirect Teaching Amount	782	Monetary Amount	R	1	18	B for this claim.	No	inpatien
Statistical Control of the Control o		menetary / mneam						patioi
						Interim cost pass-though amount used to determine		M'care
Claim MSP Pass-through Amount	782	Monetary Amount	R	1	18	B Medicare Secondary Payer liability.	No	inpatien
			1			Narrative text providing additional information related to This is for when you need to note additional		.p
Claim Note Text	352	Description	AN	1	80	the claim.  S NA information.	No	
						Code indicating whether the transaction is a claim or		
Claim or Encounter Identifier	640	Transaction Type Code	ID	2	2	2 reporting encounter information.	No	
		7,600	1		-			
Claim Original Reference Number	127	Reference Identification	AN	1	30	Number assigned by a processor to identify a claim. S NA	No	
						Total Prospective Payment System (PPS) capital		
						amount payable for this claim as output by PPS		M'care
		1	I_	1	40	1 ' ' '   1   1   1   1   1   1   1   1	No	inpatier
Claim PPS Capital Amount	782	IMonetary Amount	IK I	11	10	BIPRICER. IS INAI	110	
Claim PPS Capital Amount	782	Monetary Amount	R	- '	10		INO	
Claim PPS Capital Amount	782	Monetary Amount	K	'	- 10	Total Prospective Payment System capital day or cost outlier payable for this claim, excluding operating	INU	M'care

						Total amount of charges that were denied for this	T	П			
Claim Total Denied Charge Amount	782	Monetary Amount	R	1	18	claim.	S	NA		No	COB
						Specifies the situation or category to which the code					
Code Category	1136	Code Category	ID	2	2	applies.	S	Υ		No	
Code List Qualifier Code	1270	Code List Qualifier Code	ID	1		Code identifying a specific industry code list.	R	Υ		No	
osas Elet Qualifici osas	12.0	oud ziet quamer oud				out hashing a speeme madely seas hear	Ė	Ė			
	004					Complete communications number including country or			This is the biller's phone/fax/e-mail/edi	\ \ \	
Communication Number	364	Communication Number	AN	1	80	area code when applicable	K	NA	number.	Yes	
ı											
		Communication Number									
Communication Number Qualifier	365	Qualifier	ID	2	2	Code identifying the type of communication number	R	Υ		No	
0 1111 0 1	40=4					Code(s) used to identify condition(s) relating to this bill		l.,		١	
Condition Code	12/1	Industry Code	AN	1	30	or relating to the patient.  Code identifying the major duty or responsibility of the	S	М		No	
Contact Function Code	366	Contact Function Code	ID	2	,	person or group named.	R	Υ		No	
Contact i undion code	300	Contact i unction code	טו			person of group names.		†		110	
Contract Amount	782	Monetary Amount	R	1	18	Fixed monetary amount pertaining to the contract	S	NA		Yes	
						Code identifying the specific contract, established by					
Contract Code	127	Reference Identification	AN	1	30	the payer.	S	М		No	
Contract Percentage	333	Percent	R	1		Percent of charges payable under the contract	0	NA		No	
Contract Type Code		Contract Type Code	ID	2		Code identifying a contract type		Y		No	
7.		71				Identification of additional or supplemental contract					
						provisions, or identification of a particular version or					
Contract Version Identifier	799	Version Identifier	AN	1	30	modification of contract.	S	М		No	
Coordination of Benefits Total Submitted Charge Amount	702	Monetary Amount	R	1	10	The total coordination of benefit charges submitted applicable to the claim.	0	NA		Yes	СОВ
Submitted Charge Amount	702	Monetary Amount	K	- '	10	applicable to the claim.	3	INA		165	СОВ
						The number of days that may be claimed as Medicare					M'care
Cost Report Day Count	380	Quantity	R	1	15	patient days on a cost report.	S	NA		Yes	inpatie
Country Code	26	Country Code	ID	2		Code indicating the geographic location.	0	CI	This is required when the biller's address is outside the United States.	No	
Country Code	20	Country Code	טו		_	Number of days or visits covered by the primary payer	3	CL	outside the officed States.	INO	
						or days/visits that would have been covered had					M'care
Covered Days or Visits Count	380	Quantity	R	1	15	Medicare been primary.	S	NA	Medicare lifetime reserve day count.	No	inpatier
Credit or Debit Card Authorization Number	107	Reference Identification	AN	1	20	Credit/Debit card authorization number used to authorize use of card for payment for billed charges.	0	NA		No	
Number	12/	Reference identification	AIN	- 1	30	authorize use of card for payment for billed charges.	0	INA		INO	
Credit or Debit Card Holder First						First name of the person or entity who has a credit card					
Name	1036	Name First	AN	1	25	that could be used as payment for the billed charges.		NA		No	COB
						Last name or organization name of the person or entity					
Credit or Debit Card Holder Last or		Name Last or Organization				who has a credit card that could be used as payment					
Organizational Name	1035	Name	AN	1	35	for the billed charges.	S	NA		No	COB

	_	1				Indicatella anno anno anno anno anno anno anno a	1	1	T	1	1
Credit or Debit Card Holder Middle						Middle name of the person or entity who has a credit card that could be used as payment for the billed					
Name	1007	Name Middle	AN	1	25	charges.		NA		Na	СОВ
name	1037	Name Middle	AIN	ı	25	Name suffix of the person or entity who has a credit	0	INA		No	COB
Cradit or Dahit Card Halder Name						·					
Credit or Debit Card Holder Name	4000	Name Coeffici			40	card that could be used as payment for the billed				NI-	000
Suffix	1039	Name Suffix	AN	1	10	charges.	S	NA		No	COB
Credit or Debit Card Maximum										١	000
Amount	782	Monetary Amount	R	1	18	Dollar limit for a credit or debit card	S	NA		No	COB
						Credit/Debit card number that may be used to pay for					
Credit or Debit Card Number	67	Identification Code	AN	2	80	billed charges.	S	NA		No	COB
						Code for country in whose currency the charges are					
Currency Code	100	Currency Code	ID	3	3	specified.	S	CL	Only needed for foreign currency.	No	
						Expression of a date, a time, or a range of dates,					
Date Time Period	1251	Date Time Period	ΑN	1	35	times, or dates and times.	S	Υ		No	
		Date Time Period Format				Code indicating the date format, time format, or date			Required when the patient is the same as		
Date Time Period Format Qualifier	1250	Qualifier	ID	2	3	and time format	9	Υ	the subscriber.	No	
Date Time I chou I offiat Qualifier	1230	Qualifici	טו		- 0	and time format	۲	<del>'</del>	the subscriber.	140	
						Code specifying the type of date or time or both date					
Date Time Qualifier	374	Date/Time Qualifier	ID	3	3	and time.	S	Υ		No	
Delay Reason Code	1514	Delay Reason Code	ID	1	2	Code indicating the reason why a request was delayed.	S	Υ		No	
		Ship/Delivery Pattern Time				Code which specifies the time delivery pattern of the					Home
Delivery Pattern Time Code	679	Code	ID	1	1	services	S	Υ		No	Hlth
						Identification number for a Medicare demonstration		Y/			Demo
Demonstration Project Identifier	127	Reference Identification	AN	1	30	project.	S	NA		No	Projects
											Home
Diagnosis Date	373	Date	DT	8	8	Date the diagnosis was established or recorded.	s	NA		No	Hlth
	1	-	Ť				Ť	<del>                                     </del>			
Diagnosis Related Group (DRG) Code	1271	Industry Code	AN	1	30	Diagnosis related group for this claim.	S	М		No	
2.55.7 (Bidled Croup (B1(C) Code	12.1		7 11 1			Hour that the patient was discharged from inpatient	۲	1		1,10	
Discharge Hour	1251	Date Time Period	AN	1	35	care.	9	NA		No	
Discharge Flour	1231	Date Time I chou	7.11		55	ourc.	1	111/		140	Home
Discipline Type Code	024	Discipline Type Code	ID	2	2	Code indicating discipline(s) ordered by the physician.	6	Υ		No	Hlth
Discipline Type Code	921	Discipilite Type Code	טו				_	T		INU	
Decument Central Identifies	40-	Deference Ide-HftH		ارا		Internal control number assigned by a payer to facilitate		N 1 A		NI-	
Document Control Identifier	127	Reference Identification	AN	1	30	retrieval or association of a claim.	5	NA		No	
			1			The unit (month, week, etc.) over which home health	1				
						visits occur. Example: One visit every three days for 21					
						days. This element qualifies that the data is					
			1			communicating that the one visit every three days	1				Home
Duration of Visits Units	615	Time Period Qualifier	ID	1	2	occurs over a duration of days.	S	NA		No	Hlth

						The number of units (month, week, etc.) over which home health visits occur. Example: One visit every					
Duration of Visits, Number of Units	616	Number of Periods	N0	1	3	three days for 21 days. This element indicates that the data is communicating that the one visit every three days occurs over a duration of days.	s	NA		No	Home Hith
Datation of Viole, Hambor of Office	010	ramsor or r onede	140	'		days occars over a daration of days.				110	T III II
Entity Identifier Code	98	Entity Identifier Code	ID	2	3	Code identifying an organizational entity, a physical location, property or an individual	R	Y		No	
Emily Identified Gode	33	Emily Idonation Godo				receiver, property of an individual					
Entity Type Qualifier	1065	Entity Type Qualifier	ID	1	1	Code qualifying the type of entity	R	Υ		No	
Estimated Claim Due Amount	792	Monetary Amount	R	1	10	The amount estimated by the provider to be due from the payer.	0	NA		No	
Estimated Claim Due Amount	702	Monetary Amount	K	- '	10	Exception code generated by the Third Party	3	INA		INO	
Exception Code	1527	Exception Code	ID	1	2	Organization.	s	Υ		No	
		Yes/No Condition or				Indicator of whether a paper explanation of benefits					
Explanation of Benefits Indicator		Response Code	ID	1		(EOB) is requested.		Υ		No	
Facility Code Qualifier	1332	Facility Code Qualifier	ID	1	2	Code identifying the type of facility referenced.	_	Υ		No	
Facility Tax Amount	782	Monetary Amount	R	1	18	The amount of facility tax or surcharge applicable to the reported service		NA		No	
Tacility Tax Amount	702	Monetary Amount	1	- '	10	Code identifying the type of facility where services were		IVA		140	
						performed; the first and second positions of the					
						Uniform Bill Type code or the Place of Service code					
						from the Electronic Media Claims National Standard					
Facility Type Code	1331	Facility Code Value	AN	1	2	Format.	R	Υ		No	
Fixed Format Information	449	Fixed Format Information	AN	1	80	Data in fixed format agreed upon by sender and receiver	s	NA	Not used at this time.	No	
							Ť			110	
						The count of the frequency units of home health visits.					
						Example: One visit every three days for 21 days. This					l
Eroquoney Count	1107	Sample Selection Modulus	R	1		element indicates that the data is communicating that the one visit occurs at three day intervals.	6	NA		No	Home Hlth
Frequency Count	1107	Sample Selection Modulus	K	- 1	C	The units specifying the frequency of home health	0	INA		INO	ПШ
						visits (e.g., days, months, etc.) Example: One visit					
						every three days for 21 days. This element qualifies					
		Unit or Basis for				that the data is communicating that the one visit occurs					Home
Frequency Period	355	Measurement Code	ID	2	2	at a frequency of days.	S	NA		No	Hlth
Formation all limitation Code	4070	O - a dition to disease			_	Code describing the patient's functional limitations as					Home
Functional Limitation Code	1073	Condition Indicator	ID	2	2	assessed by the physician.  Code describing the patient's functional limitations as	S	Υ		No	Hlth Home
Functional Limitation Code	1321	Condition Indicator	ID	2	2	assessed by the physician.	s	Υ		No	Hlth
	1.021			-			Ť	Ė		1.10	
						Code indicating if there are hierarchical child data					
Hierarchical Child Code	736	Hierarchical Child Code	ID	1	1	segments subordinate to the level being described.	R	Υ		No	

		1				Г				1 1	
						A unique number assigned by the sender to identify a					
Hierarchical ID Number	628	Hierarchical ID Number	AN	1	12	particular data segment in a hierarchical structure.	R	NA		No	
						Code defining the characteristic of a level in a					
Hierarchical Level Code	735	Hierarchical Level Code	ID	1	2	hierarchical structure.	R	Υ		No	
						Identification number of the next higher hierarchical					
	704	Hierarchical Parent ID		_	40	data segment that the data segment being described is				١.,	
Hierarchical Parent ID Number	/34	Number	AN	1	12	subordinate to.	R	NA		No	
						Code indicating the hierarchical application structure of					
						a transaction set that utilizes the HL segment to define					
Hierarchical Structure Code	1005	Hierarchical Structure Code	ID	4	4	the structure of the transaction set	R	Υ		No	
	1.000					Certification period for home health care covered by	Ť				Home
Home Health Certification Period	1251	Date Time Period	AN	1	35	this plan of treatment.	s	NA		No	Hlth
						Code designating the system/method of code structure					
Identification Code Qualifier	66	Identification Code Qualifier	ID	1	2	used for Identification Code (67)	R	Υ		No	
ladicide al Dalatianahia Cada	4000	la dividual Dalatianakia Cada			_	Code indicating the relationship between two			Different from the diefermenties in OTDAO	NI-	
Individual Relationship Code	1069	Individual Relationship Code	ID	2	2	individuals or entities  Code indicating a code from a specific industry code	-		Differs from the information in CTRAC	No	
Industry Code	1271	Industry Code	AN	1	30	list.				No	
industry code	1271	Industry Code	AIN	- '	30	The identification number of the individual or	+	1		INO	
Information Receiver Identification						organization who expects to receive information in					
Number	66	Identification Code Qualifier	ID	1	2	response to a query.	R	Υ		No	
						Name of the group or plan through which the insurance					
Insured Group Name	93	Name	AN	1	60	is provided to the insured.	S	NA		Yes	COB
						The identification number, control number, or code					
						assigned by the carrier or administrator to identify the					
Insured Group or Policy Number	127	Identification Code	AN	2	80	group under which the individual is covered.	S	NA		No	COB
Investigational Davies Everentian						Number or reference identifying everyting engineed to					
Investigational Device Exemption Identifier	127	Reference Identification	AN	1	30	Number or reference identifying exemption assigned to an ivestigational device referenced in the claim.	0	NA		No	
identinei	121	Reference identification	AIN	- 1	30	Address line of the laboratory or facility performing	3	INA		INU	
						tests billed on the claim where the health care service					
Laboratory or Facility Address Line	166	Address Information	AN	1	55	was performed/rendered.	R	NA		Yes	
						City of the laboratory or facility performing tests billed					
						on the claim where the health care service was					
Laboratory or Facility City Name	19	City Name	AN	2	30	performed/rendered.	R	NA		Yes	
						Name of laboratory or other facility performing					
		Name Last or Organization				Laboratory testing on the claim where the health care	L				
Laboratory or Facility Name	1035	Name	AN	1	35	service was performed/rendered.	R	NA		Yes	
Laboratory or English Deetal Zer						Postal ZIP or zonal code of the laboratory or facility					
Laboratory or Facility Postal Zone or ZIP Code	110	Postal Code	ID	3	15	performing tests billed on the claim where the health care service was performed/rendered.	L	CL		Yes	
ZIF COUE	116	Fusial Code	וט	3	10	Identification number of laboratory or other facility	ĸ	UL		res	
						performing laboratory testing on the claim where the					
Laboratory or Facility Primary Identifier	67	Identification Code	AN	2	80	health care service was performed/rendered.	R	NA		No	
aboratory or r admity i filliary identifier	07	identification dode	7711		00	meanin oure service was performed/rendered.	11	111/7		110	

		1				Additional identifier for the laboratory or facility				1	
Laboratory or Facility Secondary						performing tests billed on the claim where the health					
Identifier	127	Reference Identification	AN	1	30	care service was performed/rendered.	s	NA		No	
						State or province of the laboratory or facility performing	g				
Laboratory or Facility State or						tests billed on the claim where the health care service					
Province Code	156	State or Province Code	ID	2	2	was performed/rendered.	R	CL		Yes	
											Home
Last Admission Period	1251	Date Time Period	AN	1	35	Admission date of the most recent inpatient stay.	S	NA		No	Hlth
				_						١	Home
Last Visit Date	373	Date	DT	8		Date the patient was last seen by the physician.	S	NA		No	Hlth
											Magra
Lifetime Bayehistria Daya Count	200	Quantity	R	1	10	Number of lifetime psychiatric days used for this claim.	0	NI A		No	M'care
Lifetime Psychiatric Days Count	300	Quantity	К	- 1	15	Number of metime psychiatric days used for this claim.	. 0	NA		INO	inpatier
											M'care
Lifetime Reserve Days Count	380	Quantity	R	1	15	Number of lifetime reserve days used for this claim.	s	NA		No	inpatier
		Quantity	· ` _	•			Ť	1		1.0	patioi
Line Item Charge Amount	782	Monetary Amount	R	1	18	Charges related to this service.	R	NA		No	
Line Item Denied Charge or Non-		,									
Covered Charge Amount	782	Monetary Amount	R	1	18	Line item charges denied or not covered.		NA		No	
						A unique number assigned to patient by the provider to	)				
Medical Record Number	127	Reference Identification	AN	1	30	assist in retrieval of medical records.	S	NA	Used at discretion of submitter.	No	
									Always Required for professional billings.		
		Provider Accept Assignment				An indication, used by Medicare or other government	R		Situational for dental and institutional		
Medicare Assignment Code	1359	Code	ID	1	,	programs, that the provider accepted assignment.	S	Υ	billings.	No	
Madiana Osusana ladianta	4070	Yes/No Condition or				A				NI-	Home
Medicare Coverage Indicator	1073	Response Code	ID	1		A code indicating the Medicare coverage exists.		Υ		No	Hlth
Medicare Paid at 100% Amount	702	Monetary Amount	R	1	10	Amount of charges reported to be paid by Medicare at 100% of allowed amount.		NA		No	COB
Medicare Faid at 100 % Amount	702	Monetary Amount	I.	- '	10	Amount of charges reported to be paid by Medicare at		INA		INU	СОВ
Medicare Paid at 80% Amount	782	Monetary Amount	R	1	15	180% of allowed amount.		NA		No	СОВ
Medicale Fala at 60 /6 / (mount	702	Worldary 7 tillount	1.		- ' '	oo // or anowed amount.	۳	1 17 1		110	Home
Mental Status Code	1321	Condition Indicator	ID	2	2	Codes describing the patient's mental condition.	s	Υ		No	Hlth
						Charges pertaining to the related revenue center code					
Non-Covered Charge Amount	782	Monetary Amount	R	1	18	that the primary payer will not cover.		NA		No	СОВ
Nonpayable Professional Component		-									
Amount	782	Monetary Amount	R	1	18	Professional fees billed but not payable by payer.	S	NA		No	COB
						Code identifying the functional area or purpose for					
Note Reference Code	363	Note Reference Code	ID	3	:	which the note applies.		Υ		No	
						The number of home health visits. Example: One visit					
						every three days for 21 days. This element indicates					l
Niverbas of Visite	200	0	_	,	١,,	that the data is communicating the number of visits,		NI A		N-	Home
Number of Visits	380	Quantity	R	1	15	i.e., one.	S	NA		No	Hlth
Occurrence Code	1074	Industry Code	ANI	4	20	Occurrence code as determined according to uniform	0	М		No	
Occurrence Code Occurrence Span Code	12/1	mausify Code	AN	1	3(	bill instructions.	0	IVI		No	
Associated Date	1251	Date Time Period	AN	1	31	Date associated with indicated code value.	Q	NA		No	
ASSOCIATED DATE	1231	Date Time I enou	\\\	'	30	Date associated with indicated code value.	J	INA	<u> </u>	INU	<u> </u>

		T	П	I			1		T T		
						A code that identifies an event that relates to payment					
Occurrence Span Code	1271	Industry Code	AN	1	30	of the claim. This event occurs over a span of days.	s	М		No	
Old Capital Amount	782	Monetary Amount	R	1	18	The amount for old capital for this claim.	S	NA		No	COB
Operating Physician First Name	1026	Name First	AN	4	25	First name of the physician performing the principle procedure.	0	NA		No	
Operating Physician First Name	1036	Name Last or Organization	AIN	- 1	20	Last name of the physician performing the principle	3	INA		INO	
Operating Physician Last Name	1035	Name	AN	1	35	procedure.	s	NA		No	
						Middle name of the physician performing the principal					
Operating Physician Middle Name	1037	Name Middle	AN	1	25	procedure	S	NA		No	
On and the or Dhamaining Name of Outfine	4000	Name Coeffici		4	40	Suffix to the name of the physician performing the		N 1 A		NI-	
Operating Physician Name Suffix	1039	Name Suffix	AN	1	10	principal procedure  Primary identifier of the physician performing the	5	NA		No	
Operating Physician Primary Identifier	67	Identification Code	AN	2	80	principle procedure.	s	NA		No	
Operating Physician Secondary						Additional identifier for the physician performing the					
Identifier	127	Reference Identification	AN	1	30	principal procedure	S	NA		No	
Originator Application Transaction	40-					An identification number that identifies a transaction					
Identifier	127	Reference Identification	AN	1	30	within the originator's applications system.	R	NA		No	
Other Diagnosis	1271	Industry Code	AN	1	30	Other diagnosis for this claim.	s	NA		Yes	
Other Blagheole		madely code	,	- 1		Number providing additional identification of the other	Ĭ			100	
Other Insured Additional Identifier	127	Reference Identification	AN	1	30	insured.	S	NA		No	COB
						Address line of the additional insured individual's					
Other Insured Address Line	166	Address Information	AN	1	55	mailing address.	S	NA		No	COB
Other Insured Birth Date	1251	Date Time Period	AN	1	35	The birth date of the additional insured individual.	S	NA		No	СОВ
Other modred Birth Bate	1231	Date Time Feriod	ZIN	- 1	30	The birth date of the additional insured individual.	0	IVA		140	ООВ
Other Insured City Name	19	City Name	AN	2	30	The city name of the additional insured individual.	s	NA		No	COB
Other Insured First Name	1036	Name First	AN	1	25	The first name of the additional insured individual.	S	NA		No	COB
Other Insured Gender Code	1060	Gender Code	ID	1	1	A code to specify the sex of the additional insured individual.	s	~		No	СОВ
Other Insured Gender Code	1000	Gerider Code	טו	- 1		Name of the group or plan through which the insurance		ı		INO	СОВ
Other Insured Group Name	93	Name	AN	1	60	is provided to the other insured.		NA		No	COB
·						·					
						An identification number, assigned by the third party	L				
Other Insured Identifier	67	Identification Code	AN	2	80	payer, to identify the additional insured individual.	S	NA		No	COB
Other Insured Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the additional insured individual.	S	NA		No	СОВ
Other modica East Name	1000	ranic	7 31 3	- 1		The last hame of the additional insured individual.	٦	1 1/1		140	000
Other Insured Middle Name	1037	Name Middle	AN	1	25	The middle name of the additional insured individual.	s	NA		No	СОВ
						The suffix to the name of the additional insured					
Other Insured Name Suffix	1039	Name Suffix	AN	1	10	individual.	S	NA		No	COB
Other Insured Postal Zone or ZIP Code	110	Postal Codo	ID	2	4.5	The Postal ZIP code of the additional insured	٥	CL		No	СОВ
Code	116	Postal Code	טון	3	15	individual's mailing address.  The state code of the additional insured individual's	0	UL		INO	COB
		1	1			Time state seas of the additional modica marviations		1	1		СОВ

		1					П	1	1		
Other Payer Address Line	166	Address Information	AN	1	55	Address line of the other payer's mailing address.	s	NA	No	lo	СОВ
Other Payer Attending Provider						The non-destination (COB) payer's attending provider					
Identifier	127	Reference Identification	AN	1	30	identification.	S	NA	No	lo	COB
			1	_				l		.	
Other Payer City Name	19	City Name	AN	2	30	The city name of the other payer's mailing address.	S	NA	No	lo	COB
Other Payer Last or Organization	1025	Name Last or Organization	AN	1	25	The name of the other naver organization	0	NA	No	lo l	СОВ
Name Other Payer Operating Provider	1033	Name	AIN	- 1	33	The name of the other payer organization.  The non-destination (COB) payer's operating provider	3	INA	ING	10	СОВ
Identifier	127	Reference Identification	AN	1	30	identification.	S	NA	No	lo l	СОВ
lacitatici	121	Reference identification	/\IN		50	The non-destination (COB) payer's other payer other		INA	140	10	ООВ
Other Payer Other Provider Identifier	127	Reference Identification	AN	1	30	provider identification.	s	NA	No	lo	COB
						pr					
Other Payer Patient Paid Amount	782	Monetary Amount	R	1	18	Amount reported by other payer as paid by the patient	s	NA	No	lo	COB
						The non-destination (COB) payer's patient primary					
Other Payer Patient Primary Identifier	67	Identification Code	AN	2	80	identification number.	S	NA	No	lo	COB
Other Payer Patient Secondary						The non-destination (COB) payer's patient secondary					
Identifier	127	Reference Identification	AN	1	30	identification number(s).	S	NA	No	lo	COB
			l					١		.	
Other Payer Postal Zone or ZIP Code	116	Postal Code	ID	3	15	The ZIP code of the other payer's mailing address.	S	CL	No	lo	COB
011 D D: 11 115				_						.	000
Other Payer Primary Identifier Other Payer Prior Authorization or	67	Identification Code	AN	2	80	An identification number for the other payer.  The non-destination (COB) payer's claim line level prior	_	NA	No	10	COB
Referral Number	127	Reference Identification	AN	1	20	authorization or referral number.		NA	N	lo l	СОВ
Other Payer Referring Provider	127	Reference identification	AIN	- !	30	The non-destination (COB) payer's referring provider	0	INA	ING	10	COB
Identifier	127	Reference Identification	AN	1	30	lidentifier.	S	NA	No	lo l	СОВ
identifici	121	receive dentineation	/\IN		- 50	identifier.	-	IVA	140		ООВ
Other Payer Secondary Identifier	127	Reference Identification	AN	1	30	Additional identifier for the other payer organization	s	NA	No	lo	СОВ
Other Payer Service Facility Provider						The non-destination (COB) payer's service facility	Ť	1			
Identifier	127	Reference Identification	AN	1	30	provider identifier.	s	NA	No	lo	COB
						The state or province code of the other payer's mailing					
Other Payer State Code	156	State or Province Code	ID	2	2	address.	S	CL	No	lo	COB
Other Physician First Name	1036	Name First	AN	1	25	The First Name of the other licensed physician.	S	NA	No	lo	
						The name and/or number of the licensed physician					
Other Dhessisian Identifica		, I d 415 41 0 - d -		_		other than the attending physician as defined by the			l N	.	
Other Physician Identifier	67	Identification Code	AN	2	80	payer organization.	S	NA	No	10	
Other Physician Last Name	1035	Name Last or Organization Name	AN	1	35	The Last Name of the other licensed physician.	0	NA	N	lo l	
Other Friysician Last Name	1035	INAIIIC	AIN	- 1	აე	The Last Maine of the other licensed physician.	٥	INA	ING	10	
Other Provider Identifier	67	Identification Code	AN	2	80	The number of the other licensed provider.	s	NA	No	lo	
	- 01		,			The figure of the earth hearthout provider.	Ť	, \		+	
Other Provider Middle Name	1037	Name Middle	AN	1	25	The middle name of the other licensed provider.	s	NA	No	lo	
							Ť				
Other Provider Name Suffix	1039	Name Suffix	AN	1	10	Suffix to the name of the other licensed provider.	S	NA	No	lo	
						Additional name and/or number of the provider other					
						than the attending provider as defined by the payer					
Other Provider Secondary Identifier	127	Reference Identification	AN	1	30	organization.	S	NA	No	lo	

Paid From Part A Medicare Trust Fund						Dollar amount paid for claim from the Part A Medicare				
Amount		Monetary Amount	R	1	18	Trust fund.	s	NA	No	СОВ
Paid From Part B Medicare Trust Fund		The state of the s	· `	·		Dollar amount paid for claim from the Part B Medicare	Ť			
Amount		Monetary Amount	R	1	18	Trust fund.	s	NA	No	СОВ
Patient Account Number	1028	Claim Submitter's Identifier	AN	1	38	Unique identification number assigned by the provider to the claim patient to facilitate posting of payment information and identification of the billed claim.	R	NA	No	
Patient Address Line	166	Address Information	AN	1	55	Address line of the street mailing address of the patient.	R	NA	Yes	
Patient Amount Paid	782	Monetary Amount	R	1	18	The amount the provider has received from the patient (or insured) toward payment of this claim.	s	NA	Yes	
Patient Birth Date	1251	Date Time Period	AN	1	35	Date of birth of the patient.	R	NA	Yes	
Patient City Name	19	City Name	AN	2	30	The city name of the patient.	R	NA	Yes	
Patient Discharge Facility Type Code		Patient Location Code	ID	1	1	The type of facility from which the patient was most recently discharged.		Υ	No	Home Hlth
Patient First Name	1036	Name First	AN	1	25	The first name of the individual to whom the services were provided.		NA	Yes	
Patient Gender Code	1068	Gender Code	ID	1	1	A code indicating the sex of the patient.	R	Υ	Yes	
Patient Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the individual to whom the services were provided.	R	NA	Yes	
Patient Middle Name	1037	Name Middle	AN	1	25	The middle name of the individual to whom the services were provided.	R	NA	Yes	
Patient Name Suffix	1039	Name Suffix	AN	1	10	Suffix to the name of the individual to whom the services were provided.	R	NA	Yes	
Patient Postal Zone or ZIP Code	116	Postal Code	ID	3	15	The ZIP Code of the patient.	R	CL	Yes	
Patient Primary Identifier	67	Identification Code	AN	2	80		R	NA	No	
Patient Responsibility Amount	782	Monetary Amount	R	1	18	The amount determined to be the patient's responsibility for payment  Additional identifier assigned to the patient by the	s	NA	No	
Patient Secondary Identifier	127	Reference Identification	AN	1	30	payer.	s	NA	No	
Patient State Code	156	State or Province Code	ID	2	2		R	CL	Yes	
Patient Status Code	1352	Patient Status Code	ID	1	2	A code indicating the patient's status at the date of admission, outpatient service, or start of care.	s	Υ	No	
Patient Weight	81	Weight	R	1	10	Weight of the patient at time of treatment or transport.	s	NA	No	
Payer Additional Identifier	127	Reference Identification	AN	1	30	Additional identifier for the payer.  Address line of the Payer's claim mailing address for	s	NA	No	
Payer Address Line	166	Address Information	AN	1	55	this particular payer organization identification and	s	NA	Yes	
Payer City Name	19	City Name	AN	2	30	The City Name of the Payer's claim mailing address for this particular payer ID and claim office.	s	NA	Yes	
Payer Identifier	67	Identification Code	AN	2	80	Number identifying the payer organization.	R	NA	Yes	

		Name Last or Organization							1		
Payer Name	1035	Name	AN	1	31	Name identifying the payer organization.	P	NA		Yes	
i ayei Name	1033	Iname	AIN	- '	٥,	The ZIP Code of the Payer's claim mailing address for	11	INA		163	
						this particular payer organization identification and					
Payer Postal Zone or ZIP Code	116	Postal Code	ID	3	11	claim office.	9	CL		Yes	
Payer Responsibility Sequence	110	Payer Responsibility	טו		- 1,	Code identifying the insurance carrier's level of	-	OL		103	
Number Code	1130	Sequence Number Code	ID	1		responsibility for a payment of a claim	Ь	Υ		No	СОВ
Number Code	1130	Sequence Number Code	טו	- '		State Postal Code of the Payer's claim mailing address		<u>'</u>		INO	СОВ
						for this particular payor organization identification and					
Payer State Code	156	State or Province Code	ID	2		2 claim office.	0	CL		Yes	
l ayel State Code	130	State of 1 Tovince Code	טו			ciaim onice.	0	CL		163	
Pay-to Provider Additional Identifier	127	Reference Identification	AN	1	21	Additional identifer for pay-to provider.	0	NA		No	
ay-to i Tovidei Additional identinei	121	reference identification	AIN	- 1	31	Additional identifier for pay-to provider.	-	INA		INO	
Pay-to Provider Address Line	166	Address Information	AN	1	51	Address line of the provider to receive payment	0	NA		Yes	
ay-to i Tovidei Address Line	100	Address information	\(\tau\)	- '	٥,	Address line of the provider to receive payment	0	INA		163	
Pay-to Provider City Name	10	City Name	AN	2	21	City name of the provider to receive payment.	9	NA		Yes	
ay-to i lovider city Name	19	City Name	AIN		3(	Identification number for the provider or organization	0	INA		163	
Pay-to Provider Identifier	67	Identification Code	AN	2	Ωı	that will receive payment.	0	NA		Yes	
Pay-to Provider Last or Organizational	07	Name Last or Organization	\(\tau\)		01	Last or organizational name of the provider to receive	0	INA		163	
Name	1025	Name	AN	1	21	payment.	0	NA		Yes	
Pay-to Provider Postal Zone or ZIP	1033	Iname	AIN	- 1	٥,	payment.	-	INA		163	
Code	116	Postal Code	ID	3	11	Postal ZIP code of the provider to receive payment	0	CL		Yes	
Pay-to Provider State Code		State or Province Code	ID	2		2 State of the provider to receive payment.	_	CL		Yes	
Pay-to Provider State Code	150	State of Province Code	טו			Authorization number provided by a review organization	_	CL		168	
Peer Review Authorization Number	107	Reference Identification	AN	1	2/	after review completed		NI A	Peer reviews.	Na	
Peer Review Authorization Number	127	Reference identification	AIN	- 1	3(	Date of the home health agency's most recent contact	0	INA	Peer reviews.	No	Hama
Physician Contact Data	070	Data	DT		١.		0	NA		Na	Home
Physician Contact Date	3/3	Date	וט	8		3 with the physician.	0	INA		No	Hlth
Dharaisis a Onder Data	070	D-4-	DT		١.	Date the agency received the verbal orders from the				NI-	Home
Physician Order Date		Date		8		B physician for start of care.		NA Y		No	Hlth
Policy Compliance Code	1526	Policy Compliance Code	ID	1		The code that specifies policy compliance.	5	Y		No	
DDC Cit-I DCI I DDC At	700	NA	_	_	١,,	PPS-capital disproportionate share amount for this				NI-	000
PPS-Capital DSH DRG Amount	782	Monetary Amount	R	1	- 18	Claim as output by PPS-PRICER.	5	NA		No	COB
DDC Conital Evention Assessed	700	NA	_			A per discharge payment exception paid to the				NI-	000
PPS-Capital Exception Amount	782	Monetary Amount	R	1	- 18	hospital. It is a flat-rate add-on to the PPS payment.	5	NA		No	COB
DDC Carital ECD DDC Assessed	700	NA	_	_	١,,	PPS-capital federal portion for this claim as output by				NI-	000
PPS-Capital FSP DRG Amount	782	Monetary Amount	R	1	-18	PPS-PRICER.	5	NA		No	COB
DDC Conital LICD DDC Assessed	700	Manatani Amerik	Ь	_	4	Hospital-Specific portion for PPS-capital for this claim		NI A		N.I.=	005
PPS-Capital HSP DRG Amount	782	Monetary Amount	R	1	18	B as output by PPS-PRICER.	S	NA		No	COB
DDC Conital IME account	700	Manatani Amerik	Ь	_	4	PPS-capital indirect medical expenses for this claim as		NI A		N.1 -	005
PPS-Capital IME amount	782	Monetary Amount	R	1	18	3 output by PPS-PRICER.	S	NA		No	COB
PPS-Operating Federal Specific DRG	700			_		Sum of federal operating portion of the DRG amount				, I	200
Amount	782	Monetary Amount	R	1	18	this claim as output by PPS-PRICER.	S	NA		No	COB
PPS-Operating Hospital Specific DRG						Sum of hospital specific operating portion of DRG				, I	200
Amount	782	Monetary Amount	R	1	18	amount for this claim as output by PPS-PRICER.	S	NA		No	COB
	40=-	Yes/No Condition or						.,			
Pregnancy Indicator	1073	Response Code	ID	1		1 A yes/no code indicating whether a patient is pregnant.	S	Υ		No	
		L	1			The unique identification number assigned by the					
Prescription Number	127	Reference Identification	AN	1	30	pharmacy or supplier to the prescription.	S	NA		Yes	

						Pricing methodology at which the claim or line item has				
Pricing Methodology	1473	Pricing Methodology	ID	2	2	been priced or repriced.	S	Υ	No	0
Drive size at Dress and true Conde	4074	la diveta i O e de			20	Code identifying the principal procedure, product or				
Principal Procedure Code	12/1	Industry Code	AN	1	30	service.	S	Υ	Ye	es
						A number, code or other value that indicates the				
						services provided on this claim have been authorized		UB	]	
Prior Authorization Number	127	Reference Identification	AN	1	30	by the payee or other service organization.	s	92	No.	0
						, , ,	Ť			
Procedure Code	234	Product/Service ID	AN	1	48	Code identifying the procedure, product or service.	R	CL	Ye	es
Dra andura Coda	4074	Industry Code			20	Code identifying the presenting product or continu		CL	N	_
Procedure Code	12/1	Industry Code	AN	1	30	Code identifying the procedure, product or service.	0	CL	No.	0
Dracedure Code Description	252	Description	A N I	4	00	Description clarifying the Product/Service Procedure		NA	Ye	
Procedure Code Description	352	Description	AN	- 1	80	Code and related data elements.	0	INA	T T T	28
Procedure Date	1251	Date Time Period	AN	1	35	Date when the health care procedure was performed.	s	NA	l N	0
						This identifies special circumstances related to the	Ť			_
Procedure Modifier	1339	Procedure Modifier	AN	2	2	performance of the service.	S	Υ	N	О
						Code identifying the type/source of the descriptive		/CL	(	
Product or Service ID Qualifier	235	Product/Service ID Qualifier	ID	2	2	number used in Product/Service ID (234).	S	Υ	Ne	0
										Home
Prognosis Code	923	Prognosis Code	ID	1	1	Code indicating physician's prognosis for the patient.	S	Υ	No	o Hlth
	40-		l			Identification number for property casualty claim				
Property Casualty Claim Number	127	Reference Identification	AN	1	30	associated with the services identified on the bill.	S	NA	No	0
							R	,		
Provider Code	1221	Provider Code	ID	1	3	Code identifying the type of provider.		Y	l N	0
1 1011001 0000	1221	Trovidor codo	1			An indicater that the provider of service reported on	Ť	†	1.	
						this claim acknowledges the performance of the				
Provider or Supplier Signature		Yes/No Condition or				service and authorizes payment, and that a signature is	;			
Indicator	1073	Response Code	ID	1	1	on file in the provider's office.		Υ	N	О
						Code designating the provider type, classification, and				
Provider Taxonomy Code	127	Reference Identification	AN	1	30	specialization.	S	CL	No	0
			_		_					
Quantity Qualifier	673	Quantity Qualifier	ID	2	2	Code specifying the type of quantity	S	Υ	No	0
L	405-	Name Last or Organization	l				L	l		
Receiver Name	1035	Name	AN	1	35	Name of organization receiving the transaction.	R	NA	No	0
Receiver Primary Identifier	67	Identification Code	AN	2	00	Primary identification number for the receiver of the transaction.	P	NA	l N	
Receiver Filmary Identifier	07	identification Code	AIN	2	00	lianoaction.	ĸ	INA	IN	U

		<u></u>									
		Reference Identification					R	,			
Reference Identification Qualifier	128	Qualifier	ID	2	3	Code qualifying the reference identification		Υ		No	
reference identification Qualifier	120	Qualifici	יוו			The first name of provider who referred the patient to	۲	†		140	
Referring Provider First Name	1036	Name First	AN	1	25	the provider of service on this claim.	s	NA		No	
Training Fraviour File France	1000	Traine First	7 (1 4			are provider or dervice on the claim.	Ť	1.0	`	110	
Referring Provider Identifier	67	Identification Code	AN	2	80	The identification number for the referring physician.	s	NA		No	
r toroning r roman radinanci		Name Last or Organization	1			The Last Name of Provider who referred the patient to	Ť	1	`	1.10	
Referring Provider Last Name	1035	Name	AN	1	35	the provider of service on this claim.	S	NA		No	
						Middle name of the provider who is referring patient for	t				
Referring Provider Middle Name	1037	Name Middle	ΑN	1	25	care.	S	NA	Λ	No	
						Suffix to the name of the provider referring the patient					
Referring Provider Name Suffix	1039	Name Suffix	ΑN	1	10	for care.	S	NA		No	
Referring Provider Secondary						Additional identification number for the provider					
Identifier	127	Reference Identification	AN	1	30	referring the patient for service.	S	NA	A.	No	
						Rate used when payment is based upon a percentage					
Reimbursement Rate	954	Percent	R	1	10	of applicable charges.	S	NA	N. Control of the con	No	COB
							1_				
Reject Reason Code	901	Reject Reason Code	ID	2	2	Code assigned by issuer to identify reason for rejection	S	Υ		No	
								,			
	4000				_	Code identifying an accompanying cause of an illness,					
Related Causes Code	1362	Related-Causes Code	ID	2	3	injury, or an accident.	S	Υ		No	
						Code indicating whether the provider has on file a signed statement permitting the release of medical					
Release of Information Code	1262	Release of Information Code	ın	1	1	data to other organizations.	Ь	Υ		No	
Release of Illiothlation Code	1303	Release of illioinfation code	טו	- 1		data to other organizations.		1		INO	
						Code indicating a code from a specific industry code					
Remark Code	127	Reference Identification	AN	1	30	list, such as the Health Care Claim Status Code list.	s	Υ		No	СОВ
Teman odd	121	Treference facilities and	7 (1 4		- 00	liot, sach as the Health sale stain states essential.	Ť	†		110	000
						The maximum amount determined by the repricer as					
						being allowable under the provisions of the contract					
Repriced Allowed Amount	782	Monetary Amount	R	1	18	prior to the determination of the actual payment.	S	NA		No	
						The amount allowed by the repricer for the claim or					
Repriced Approved Amount	782	Monetary Amount	R	1	18	service line net of adjustments.	S	NA	Λ	No	
						The Diagnosis Related Group approved by the repricer					
Repriced Approved DRG Code	127	Reference Identification	AN	1	30	for payment for this claim	S	CL		No	
						The HCPCS code that describes the services as					
Repriced Approved HCPCS Code	234	Product/Service ID	AN	1	48	approved by the repricer.	S	CL		No	
						UB92 revenue code approved by the repricer for		L.			
Repriced Approved Revenue Code	234	Product/Service ID	AN	1	48	payment on the claim.	S	CL		No	

Repriced Approved Service Unit						Number of service units approved by pricing or	1		_	
Count	380	Quantity	R	1	15		s	NA		No
	- 000	Qualitary				Identification number, assigned by a repricing	Ť			
Repriced Claim Reference Number	127	Reference Identification	AN	1	30		s	NA		No
Trophicoa Cialii Troference Hamber	127	Troising Identingation	7		- 00	The amount of savings related to Third Party	Ŭ	, .		
Repriced Saving Amount	782	Monetary Amount	R	1	18		s	NA		No
reprieed daving / undurit	702	Wonetary / Wilderit	-	-	- 10	Reference or identification number of the repricing		1 47 1		110
Repricing Organization Identifier	127	Reference Identification	AN	1	30		S	NA		No
Repricing Per Diem or Flat Rate	121	Teleferice identification	7 (1 4		- 00	Amount used to determine the flat rate or per diem		1 47 1		110
Amount	110	Rate	R	1	٥	•	0	NA		No
Amount	110	rate	11		9	price by the repricing organization.	0	INA		INO
						Address line of the person or entity responsible for				
						payment of balance of bill after applicable processing				
Responsible Party Address Line	166	Address Information	AN	1			Б	NA		Yes
Responsible Party Address Line	100	Address information	AIN	- 1	55	by other parties, insurers, or organizations	ĸ	INA		res
						City name of the norsen or entity reaponable for				
						City name of the person or entity responsible for				
D "   D / O"   N		0	1			payment of balance of bill after applicable processing				.,
Responsible Party City Name	19	City Name	AN	2	30	by other parties, insurers, or organizations	К	NA		Yes
						First name of the person or entity responsible for				
						payment of balance of bill after applicable processing				
Responsible Party First Name	1036	Name First	AN	1	25		R	NA		Yes
						Last name or organization name of the person or entity				
						responsible for payment of balance of bill after				
Responsible Party Last or		Name Last or Organization				applicable processing by other parties, insurers, or				
Organization Name	1035	Name	AN	1	35	organizations	R	NA		Yes
						Middle name of the person or entity responsible for				
						payment of balance of bill after applicable processing				
Responsible Party Middle Name	1037	Name Middle	AN	1	25	by other parties, insurers, or organizations	R	NA		Yes
I						Postal ZIP code of the person or entity responsible for				
Responsible Party Postal Zone or ZIP						payment of balance of bill after applicable processing				
Code	116	Postal Code	ID	3	15		R	CL		Yes
						State or province of the person or entity responsible				
						for payment of balance of bill after applicable				
Responsible Party State Code	156	State or Province Code	ID	2	2		R	CL		Yes
· · · · · · · · · · · · · · · · · · ·			-			F,	Ė			
						Suffix for name of the person or entity responsible for				
						payment of balance of bill after applicable processing				
Responsible Party Suffix Name	1039	Name Suffix	AN	1	10		R	NA		Yes
. toopenous rang canner range		The state of the s	7.1.4	-	.0	Date of payment or denial determination by previous	Ė	, .		. 55
						payer when service line adjudication has been				
Service Adjudication or Payment Date	1251	Date Time Period	AN	1	35		0	NA		No
Service Adjudication of Fayment Date	1201	Date Tille Fellou	AIN	-	33	penomea.	٥		Required when a service is provided without	INU
Sarvina Authorization Evantian Code	127	Reference Identification	AN	4	30	Code identifying the convice authorization expention	s		-	No
Service Authorization Exception Code	12/	ivererence inentification	ΑIN	- 1	30	Code identifying the service authorization exception.	J	Ц.	required prior authorization.	INU

						Date of service, such as the start date of the service,		Т		1 1	
						the end date of the service, or the single day date of	R	/			
Service Date	373	Date Time Period	AN	1	35			NA		Yes	
Oct vice Date	373	Date Time I chou	AIN	- 1		The date the service referenced in the claim or service	۲	1 47	1	103	Home
Service From Date	373	Date	DT	8	9	line was initiated.	9	NA		No	Hlth
Service i forii Date	3/3	Date	וטו	0		inte was initiated.	3	INA	A L	INO	11101
Service Line Paid Amount	782	Monetary Amount	R	1	1.5	Amount paid by the indicated payer for a service line	9	NA		No	
Service Line Faid Amount	702	Wonetary Amount	11	-	- 10	Amount paid by the indicated payer for a service line	۲	1 4/		140	
Service Line Rate	1371	Unit Rate	R	1	10	Payment rate that applies to the service line.	s	NA		No	
Service Line Revenue Code		Product/Service ID	AN	1		UB92 Revenue Code pertaining to the service line.		CL	`	No	
COLVIDO EINO LACTORIAG COGO		Treduction to 15	7	•		The amount of service tax or surcharge applicable to	Ť	-		110	
Service Tax Amount	782	Monetary Amount	R	1	18	the reported service	s	NA		No	
Control Taxy amount	702	interestary runnearity	-	-		The quantity of units, times, days, visits, services, or	Ť	1	·	1.0	
						treatments for the service described by the HCPCS					
Service Unit Count	380	Quantity	R	1	15	codes, revenue code or procedure code.	R	NA		Yes	
Ship, Delivery or Calendar Pattern		Ship/Delivery or Calendar	Ť			, ,	Ť	1			Home
Code"	678	Pattern Code	ID	1	2	The time delivery pattern for the services.	s	Υ		No	Hlth
	1.0	Yes/No Condition or	† <del>-</del>			Code indicating whether or not a patient is receiving	Ť	Ť		110	Home
Skilled Nursing Facility Indicator	1073	Response Code	ID	1	1	care in a 1861J1 (skilled nursing) facility	s	Υ		No	Hlth
						g, and an activity	Ť			1.12	
						A code indicating the Special Program under which the					
Special Program Indicator	1366	Special Program Code	ID	2	3			Υ		No	
openia : regram maneate.		epoolar rogram oodo	1			The date of the start or end of the period covered on	Ť	Ť		1.0	
Statement From or To Date	1251	Date Time Period	AN	1	35	the claim.	R	NA		No	
Statement Former To Bate		Date Time Folios	1			Name of the person at the submitter organization to	Ť	1.0	·	1.0	
						whom inquiries about the transaction should be					
Submitter Contact Name	93	Name	AN	1	60	directed.	R	NA		No	
			1			The first name of the person submitting the transaction		1	-	1.7	
						or receiving the transaction, as identified by the					
Submitter First Name	1036	Name First	AN	1	25		s	NA		Yes	
						Code or number identifying the entity submitting the					
Submitter Identifier	67	Identification Code	AN	2	80	claim.	R	М		No	
		Name Last or Organization				The last name or the organizational name of the entity					
Submitter Last or Organization Name	1035	Name	AN	1	35		R	NA		Yes	
						The middle name of the person submitting the					
Submitter Middle Name	1037	Name Middle	ΑN	1	25	transaction	S	NA		Yes	
						Address line of the current mailing address of the					
Subscriber Address Line	166	Address Information	ΑN	1	55	insured individual or subscriber to the coverage.	S	NA		Yes	COB
						The date of birth of the subscriber to the indicated	t				
Subscriber Birth Date	1251	Date Time Period	ΑN	1	35	coverage or policy.	S	NA		Yes	COB
						The City Name of the insured individual or subscriber					
Subscriber City Name	19	City Name	AN	2	30	to the coverage		NA	\	Yes	COB
·						The first name of the insured individual or subscriber to					
Subscriber First Name	1036	Name First	ΑN	1	25	the coverage		NA	\	Yes	COB
						Code indicating the sex of the subscriber to the					
Subscriber Gender Code	1068	Gender Code	ID	1	1	indicated coverage or policy.		Υ		Yes	COB
		Name Last or Organization				The surname of the insured individual or subscriber to					
Subscriber Last Name	1035	Name	AN	1	35	the coverage	R	NA	d .	Yes	COB

	1	1				The middle name of the subscriber to the indicated	1	1	1		
Subscriber Middle Name	1037	Name Middle	AN	1	25	coverage or policy.	S	NA	Ye	20	СОВ
Cubbonber Middle Name	1007	Traine Middle	AIN		20	Suffix of the insured individual or subscriber to the	۲	1 1 1		,,,	ООВ
Subscriber Name Suffix	1039	Name Suffix	AN	1	10	coverage.	s	NA	Ye	25	СОВ
Cubbonber Nume Gunix	1000	Traine Ganix	7 (1 4		- 10	The ZIP Code of the insured individual or subscriber to	۲	14/ (		,,,	ООВ
Subscriber Postal Zone or ZIP Code	116	Postal Code	ID	3	15	the coverage	s	CL	Ye	25	СОВ
20000110011 00101 20110 01 211 0000	1.10	1 00101 0000		Ŭ		line develope	Ť	0_	1		005
						Primary identification number of the subscriber to the	R	/			
Subscriber Primary Identifier	67	Identification Code	AN	2	80			NA	. Ye	es	СОВ
	<u> </u>	14011411041011 0040				The State Postal Code of the insured individual or	Ť	1			
Subscriber State Code	156	State or Province Code	ID	2	2	subscriber to the coverage	s	CL	Ye	es	СОВ
						Identifies another or additional distinguishing code	Ť	1-	1.9		002
Subscriber Supplemental Identifier	127	Reference Identification	AN	1	30	number associated with the subscriber.	s	NA	. No	0	СОВ
Cappionional lacitation		Troising identification	7 1			Trained accorded with the capconer.	Ť	1 77 1	·		Home
Surgery Date	373	Date	DT	8	8	Requested, anticipated, or actual date of surgery.	s	NA	. No		Hlth
	0.0	Bate	<u> </u>	Ŭ		Code describing the surgical procedure most relevant	Ť	1 77 1	·	_	Home
Surgical Procedure Code	1137	Medical Code Value	AN	1	15	to the care being rendered.	9	CL	No		Hlth
Surgical Frocedure Code	1107	Wicdical Code Value	AIN		10	Discount percentage available to the payer for payment	۲	OL	140	-	111(11
Terms Discount Percentage	338	Terms Discount Percent	R	1	6	within a specific time period.	9	NA	No	_	
Terms Discount 1 creentage	330	Terris Discount i cicent	11	- '		Within a specific time period.	۲	IVA	1100	-	
Total Claim Charge Amount	782	Monetary Amount	R	1	10	The sum of all charges included within this claim.	Ь	NA	No	_	
Total Claim Charge Amount	702	Monetary Amount	11	'	10	The sum of all charges included within this claim.	11	INA	190	0	
Total Medicare Paid Amount	702	Monetary Amount	R	1	10	Amount reported by the payer as paid by Medicare	0	NA	. No	_	СОВ
Total Medicare Faid Amount	102	Monetary Amount	К	- 1	10	Total covered visits to be rendered by each discipline	3	INA	i i i i i i i i i i i i i i i i i i i	U	СОВ
Total Visits Projected This Certification						during the period covered by the plan of treatment.					Home
Count	1470	Number	N0	1	0	lincluding PRN visits.	0	NA	. No		Hlth
Courit	1470	Number of Included	INU	- 1	9	A tally of all segments between the ST and the SE	0	INA	i INC	U	пш
Transaction Comment Count	00		N0	4	10		_	NA	No	_	
Transaction Segment Count	90	Segments Transaction Set Control	INU	- 1	10	segments including the ST and SE segments.	ĸ	INA	, INC	0	
Transaction Cat Control Number	200				_	The unique identification number within a transaction	_	NI A	l NI	_	
Transaction Set Control Number	329	Number	AN	4	9	set.	ĸ	NA	. No	0	
Tarana atian Cat Caratian Data	070	D-4-	DT	_	_				l N	_	
Transaction Set Creation Date	3/3	Date	וטו	8	0	Identifies the date the submitter created the transaction	ĸ	INA	. No	0	
Transaction Cat Creation Time	207	Time	ТМ		_	Time file is exected for transmission	_	NA	l NI	_	
Transaction Set Creation Time Transaction Set Identifier Code		Time Reference Identification	AN	<u>4</u>		Time file is created for transmission.  Code uniquely identifying a Transaction Set.		Y	. No		
Transaction Set identifier Code	143		AIN	- 1	30	Code uniquely identifying a Transaction Set.	ĸ	Ť	ING	0	
Transaction Set Purpose Code	252	Transaction Set Purpose Code	ID	2	2	Code identifying purpose of transaction set	Ь	Υ	N	_	
Transaction Set Purpose Code	333	Code	טו			Code identifying purpose of transaction set.	K	T	INC	U	
Transmission Type Code	407	Deference Identification	AN	1	20	Code identifying the type of transaction or transmission	L	Υ	l No.		
Transmission Type Code	12/	Reference Identification	AIN	1	30	included in the transaction set.  Code identifying treatment according to treatment code		ľ	No	U	
											Цота
Transfer and Code	4074	Indicate Code	A & I		00	list instructions as determined according to uniform bill					Home
Treatment Code	12/1	Industry Code	AN	1	30	instructions	S	Υ	No	υ	Hlth
		Unit or Design for				Code specifying the units in which a value is being					
Heit as Dasis fau M.		Unit or Basis for	ır	_	_	expressed, or manner in which a measurement has					
Unit or Basis for Measurement Code	355	Measurement Code	ID	2	2	been taken.	S	Υ	No	0	
						Unique Identification number for a transaction					
 			1			assigned by a Value Added Network, Clearinghouse, or					
Value Added Network Trace Number	127	Reference Identification	AN	1	30	other transmission entity.	S	NA	No.	0	

						The uniform billing value code communicating				
Value Code	1271	Industry Code	AN	1	30	established billing information.	S	CL	No	
Value Code Associated Amount	782	Monetary Amount	R	1	18	Amount associated with indicated code value	S	NA	No	
						The unit for home health visitations. Example: One visi	t			
						every three days for 21 days. This element qualifies				Home
Visits	673	Quantity Qualifier	ID	2	2	that the data is communicating visits.	S	NA	No	Hlth
Visits Prior to Recertification Date						Number of visits for care prior to the date of the				Home
Count	1470	Number	N0	1	(	recertification of services.	S	NA	No	Hlth

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CI-CR	Х	185			Х	235
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CI	Х	367, 368, 369, 370, 493, 496, 497, 498, 499, 500, 501	Х	216, 217, 218, 219, 307, 308, 309, 310, 311	Х	327, 328, 329, 330, 331, 560, 561, 562, 563, 564, 565
CI	Х	367, 368, 369, 370, 496, 497, 498, 499, 500	Х	216, 217, 218, 219, 307, 308, 309, 310, 311	Х	326, 327, 328, 329, 330, 560, 561, 562, 563, 564, 565
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CI	Х	172				
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CI-COB	Χ	372	Χ	222	Х	334
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CI	Χ	175				
CI	Χ	174, 453	Х	171	Х	215, 410
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PI	Χ	322, 463				
PI	Χ	322, 463				
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PI	Χ	323, 463				
PI	Χ	327, 468				
CI	Х	162	Х	154	Х	177
CI-COB	Х	160, 390	Х	153, 229	Х	175, 345
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PI	Χ	84	Х	84	Х	92
PI	Χ	79	Х	80	Х	88
PI	Χ	80	Х	81	Х	89
PI	Χ	88			Х	97
PI	Х	86	Х	86	Х	95
PI	Χ	78	Χ	78	Х	86
PI	Χ	77	Х	77	Х	85
PI	Χ	81	Х	82	Х	90
PI	Х	81	Х	82	Х	90

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CI	Х	393				
CI	Х	393				
CI	х	375				
CI	х	399				
CI-COB	Χ	104, 363	Х	101, 211	Х	112, 321
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CI	Х	398				
CI	Х	395				
CI	Х	394				
CI	Χ	207	Х	186, 288	Х	247
CI	Χ	59	х	56	Х	65
СР	Х	192	х	180	Х	230
CI	Х	394				
CI	Х	395				

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						72, 73, 97, 98, 364, 365, 539,
CI	Χ	65, 66, 88, 89	Χ	64, 65, 244, 245	Х	540
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CI	Х	395				
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0.		100, 100, 000, 101, 111	,,	,		, 666, 666, 626, 626
CI	Х	393				
Ci	^	393				
01.005	.,	405	\ \	400		450
CI-COB	Х	125	Х	130	Х	150
CI-COB	Χ	122			Х	147
CI-COB	Χ	122	Χ	127	Χ	147

CI-COB	Х	122	Х	127	Х	147
CI-COB	Х	122	Χ	127	Χ	147
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CI	X	165, 167, 169, 415, 456, 458, 502	X	157, 158, 160-162, 164, 246, 273, 275, 277, 279, 312	X	180, 182, 184, 186, 188, 190, 192, 194, 196, 197, 199-201, 203, 205, 206, 208, 210, 213, 366, 435, 437, 439, 440, 442, 444, 445, 447, 449, 451, 452, 454, 456, 458, 460, 566
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		410, 421, 425, 429, 433,		196, 204, 232, 240,		304, 313, 351, 360, 375, 379,
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Oi		62, 68, 77, 92, 109, 122,		60, 67, 77, 88, 104,		68, 75, 85, 100, 118, 131,
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Oi		100, 140		37, 103		100, 100
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СР	Χ	448	х	268	Х	402
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CI	Χ	201			Х	241
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CI-COB	Χ	406	Х	236	Х	355
CI-COB	Χ	401	Х	232	Х	351
CI-COB	Χ	389	Х	228	Х	343
CI-COB	Χ	363			Х	320
CI-COB	Х	403	X	233	Х	352
CI-COB	Х	401	х	232	Х	351
CI-COB	Х	402	х	232	Х	351
CI-COB	Х	402	х	232	Х	352
CI-COB	Х	407	х	237	Х	356
CI-COB	Х	407	Х	237	Х	356

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CI-COB	Χ	413				
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CI-COB	Χ	417	х	248	Х	369
CI-COB	Χ	443				
CI-COB	Χ	414				
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CI	Х	158	X	150	X	171
CD	Χ	148	Х	140	х	161
CD	Χ	183	Х	173	х	220
CD	Χ	152	Х	144	х	165
CD	Χ	149	Х	141	Х	162
CI-HH	Χ	216				
CD	Χ	146	x	137	Х	158
CD	Χ	152	Х	144	Х	165
CD	Χ	146	Х	137	Х	158, 375
CD	Χ	146	Х	137	Х	158
CD	Χ	146	Х	137	Х	158
CD	Χ	150	Х	142	Х	163
CD	Χ	147	Х	138	х	159
CI	Χ	181	Х	223		
CD	Χ	154	Х	146	Х	167
CD	Χ	150	Х	142	Х	162
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CI	Х	131	x	123	x	136
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CI	Х	131	X	123	X	136
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CI	Х	94	х	91	Х	103
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CI	Χ	93	Х	89	X	101
CI	Χ	92	Х	88	x	100
CI	X	95	Х	93	X	105
CI	Χ	95	Х	93	Х	104
CI	Χ	197				
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CI-COB	Х	396				
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CI-COB	Χ	394				
CI-COB	Х	395				
CI-COB	Х	395				
CI-COB	Х	395				
CD	Х	107, 144			Х	116, 156
CI	Χ	451			х	409

CI-CR	Х	309			Х	272, 496
CI	Х	243				
CI	Х	199				
CI	Χ	447, 492	Х	267, 302	Х	401, 498, 556
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CI	Χ	492	Х	303	Х	557
CI	Χ	245-255				
CI	Χ	447, 448, 492	Х	267, 303	Х	401, 402, 556
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CI	Х	160	Х	152	Х	174
PI	Х	72, 325, 332, 339, 346, 353, 466, 473, 480, 487	Х	72, 191, 199, 293	Х	80, 286, 294, 505, 545
CI	Х	306	Х	281	Х	462
CI	Х	68	Х	67	Х	75
CI	Х	68	Х	67	Х	75

СР	X	60, 72, 83, 85, 97, 117, 120, 124, 132, 153, 155, 185, 186, 187, 189, 191, 193, 195, 197, 198, 200, 202, 325, 326, 332, 333, 339, 340, 346, 347, 353, 357, 408, 416, 418, 422, 426, 430, 434, 438, 442, 465, 467, 473, 474, 480, 481, 487, 488	×	57, 72, 84, 85, 95, 113, 115, 124, 130, 145, 147, 175, 177, 180, 182, 184, 190, 193, 199, 201, 207, 238, 247, 249, 252, 255, 259, 263, 283, 284, 285, 292, 295, 300	X	66, 80, 92, 94, 106, 126, 128, 137, 150, 166, 168, 222, 224, 226, 228, 230, 232, 233, 235, 236, 239-242, 286, 288, 294, 296, 301, 310, 316, 357, 368, 370, 373, 376, 380, 384, 388, 392, 396, 468-470, 472, 474, 475, 477-480, 483, 504, 507, 512, 521, 527, 536, 545, 547, 552
CI	Х	343, 484	Х	188	Х	283, 542
CI	Х	344	Х	189	Х	284, 543
CI	Х	343, 484	Х	188	Х	283, 379, 542
CI	Х	344, 484	Х	189	Х	284, 543
CI	Χ	344, 484	Х	189	Х	284, 543
CI	Χ	348, 489	Х	194	Х	289, 548
CI-COB	Χ	397			Х	347
CI-CR	Х	312			Х	274, 499
CI	Х	161, 162	X	153, 154	Х	176, 177
CI	Х	161, 391	Х	153, 230	Х	175, 345
CI-COB	Х	393, 396, 398, 399			Х	348, 349
CI-CR	Х	309			Х	272, 496
CI-CR	Х	310				
CI-CR	Х	310				
CI-CR	Х	311				
CI-CR	Χ	311				

				I		T T
CI-CR	Χ	312			Х	499
CI-CR	Χ	186			Х	233
CI-CR	Χ	310			Х	273, 497
CI-CR	Χ	310			Х	273, 497
CI-CR	Χ	310			Х	273, 497
CI	Х	136			Х	143
CI	Х	137			Х	144
CI	Х	135			Х	140
CI	Х	135			Х	140
CI	Х	135			Х	141
CI	Х	137			Х	145
CI	Х	137			Х	144
CI	Х	135			Х	141
CP	Χ	502				
CI	Х	196	Х	178	Х	223

CI	Х	457	Х	165, 274	Х	436
CI-HH	Х	211				
CP	Χ	491	Χ	302	Х	555
CI	Х	449				
CI	X	446, 492				
CI	X	460				
<u> </u>	,,					
CI	Х	449			х	403
CI-HH	Х	318			Х	280, 493
CI-HH	Χ	212				
CI	Χ	163	Χ	155	Х	178
CI	Х	168				
PI	Х	65	Х	64	Х	72
PI	Х	62	Х	60	Х	68
PI	Х	63	Х	61	Х	69
PI	Х	62	Х	60	Х	68
PI	Х	62	Х	60	Х	68
CI-COB	Х	112	Х	108	Х	121
CI-COB	Х	116	Х	112	Х	125
CI-COB	Х	113	Х	109	Х	122
CI-COB	Х	109	Х	104	Х	118
CI-COB	Х	116	Х	112	Х	125
CI-COB	Χ	109	Х	104	Х	118

						,
CI-COB	Х	109	Х	104	Х	118
CI-COB	Х	110	Х	105	Х	118
CI-COB	Χ	114	Х	110	Х	123
CI-COB	Х	110	Χ	106	Х	119
CI-COB	Χ	114	Х	110	Х	123
CI-COB	Χ	118	Х	114	Х	127
CI-HH	Χ	213				
CI-HH	Х	214				
CI	Х	177			Х	218
СР	Х	159	Х	151	Х	172
CI-COB	Х	377				
CI-HH	Χ	315				
СР	Χ	503	Х	313	Х	572
СР	Х	56, 503	Х	53, 313	Х	62, 572
СР	Х	58	Х	55	Х	64
СР	Х	58	Х	56	Х	65
CP	X	56	X	53	X	62
СР	Х	58	Х	55	Х	64
СР	Х	60	Х	57	Х	66
CI-HH	Х	300-305				
CI	Х	107, 144, 307, 311, 448			х	115, 156, 249, 250, 254, 403, 413, 414, 418, 422, 498
CP	Χ	188	Χ	184		

CI	Х	281-288			
CI	Χ	281-289			
CI-HH	Χ	317		X	279, 492
CI-HH	Х	315			

837-Dental Data Elements					LD GTH		Situat'l	nide		red by	
Industry Name	Data Element	Element Name	Туре	Minimum	Maximum	Element Definition	Required or S		Commentary	Currently captured DMH	Service
Accident Date	1251	Date Time Period	AN	1	35	Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.	s	NA		No	
Additional Submitter Name	93	Name	AN	1	60	Additional name information for the receiver or submitter of the transaction.	s	NA	This is only required if the name is over 35 characters.	No	
Adjudication or Payment Date	1251	Date Time Period	AN	1	35	Date of payment or denial determination by previous payer.	s	NA		No	
Adjustment Amount	782	Monetary Amount	R	1	18	Adjustment amount for the associated reason code.	R	NA		No	
Adjustment Quantity	380	Quantity	R	1	15	Numeric quantity associated with the related reason code for coordination of benefits.	R	NA		No	
Adjustment Reason Code	1034	Claim Adjustment Reason Code	ID	1	5	Code that indicates the reason for the adjustment.	R	CL		No	
Allowed Amount	782	Monetary Amount	R	1	18	The maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	R	NA		No	СОВ
Amount Qualifier Code	522	Amount Qualifier Code	ID	1	3	Code to qualify amount.	s	Υ		No	
Anesthesia Unit Count	380	Quantity	R	1	15	Number of anesthesia units provided to patient	s	NA		No	
Approved Amount	782	Monetary Amount	R	1	18	Amount approved.		NA		No	СОВ
Assigned Number	554	Assigned Number	N0	1	6	Number assigned for differentiation within a transaction set.		NA		No	
Attachment Control Number	67	Identification Code	AN	2	80	Identification number of attachment related to the claim.	_	М	Needed if there are paper attachments to a claim.	No	
Attachment Report Type Code	755	Report Type Code	ID	2	2	Code to specify the type of attachment that is related to the claim.		Υ	Needed if there are paper attachments to a claim.	No	
Attachment Transmission Code	756	Report Transmission Code	ID	1	2	Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.	s	Υ	Needed if there are paper attachments to a claim.	No	

							1	
Auto Accident State or Province Code	156	State or Province Code	ID	2	:	2 State or Province where auto accident occurred. S CL	No	I
						A code showing whether the provider has a signed		1
Benefits Assignment Certification		Yes/No Condition or				form authorizing the third party payer to pay the		I
Indicator	1073	Response Code	ID	1		1 provider.   R   Y	No	COB
						Identifies another or additional distinguishing code		I
Billing Provider Additional Identifier	127	Reference Identification	AN	1	30	0 number associated with the billing provider S NA	No	
						Additional names or characters for the billing provider  This is only required if the name is over 35		I
Billing Provider Additional Name	93	Name	AN	1	60	0 or billing entity for the transaction. S NA characters.	No	ļ.
						Address line of the billing provider or billing entity		I
Billing Provider Address Line	166	Address Information	AN	1	5	5 address. R NA	Yes	
								I
Billing Provider City Name	19	City Name	AN	2	30	0 City of the billing provider or billing entity R NA	Yes	1
						Identification number for credit card processing for the		I
Billing Provider Credit Card Identifier	127	Reference Identification	AN	1	30	0 billing provider or billing entity S NA	No	<b></b>
							1	ı
Billing Provider First Name	1036	Name First	AN	1	2	5 First name of the billing provider or billing entity S NA	Yes	-
						Identification number for the provider or organization in	1	ı
						whose name the bill is submitted and to whom payment		I
Billing Provider Identifier	67	Identification Code	AN	2	80	0 should be made. R NA	Yes	<b></b>
Billing Provider Last or Organizational		Name Last or Organization				Last name or organization name of the provider billing		I
Name	1035	Name	AN	1	3	5 or billing entity for services.	Yes	-
		l			_			I
Billing Provider Middle Name	1037	Name Middle	AN	1	2	5 The middle name of the billing provider or billing entity R NA	Yes	
D D N 0.55	4000					Suffix, including generation, for the name of the	.,	I
Billing Provider Name Suffix	1039	Name Suffix	AN	1	10	0 provider or billing entity submitting the claim. R NA	Yes	
Billing Provider Postal Zone or ZIP	440			•		Postal zone code or ZIP code for the provider or billing		I
Code	116	Postal Code	ID	3	1:	5 entity billing for services. R CL	Yes	
Billing Provider State or Province	450	Otata an Danida an Oada		_		State or province for provider or billing entity billing for	V	I
Code	156	State or Province Code	ID	2		2 services. R CL	Yes	
Dundlad on Unbundlad Line Number	EE A	Accionad Number	N0	1	,	Identification of line item bundled or unbundled by	No	I
Bundled or Unbundled Line Number	554	Assigned Number Claim Adjustment Group	INU	- 1	- '	6 payer in coordination of benefits. S  Code identifying the general category of payment	INO	
Claim Adjustment Croup Code	1000	Code	ID	4		2 adjustment.	No	I
Claim Adjustment Group Code	1033	Code	טו			Code identifying type of claim or expected adjudication	INO	
Claim Filing Indicator Code	1022	Claim Filing Indicator Code	ID	1		2 process. S Y	No	СОВ
Claim Filing indicator Code	1032	Claim Filing Indicator Code	טו	- '		Narrative text providing additional information related to This is for when you need to note additional	_	СОВ
Claim Note Text	352	Description	AN	1	ρı	Olthe claim.  S NA information.	No	ı
Olaim Note Text	302	Description	\rightarrow \( \frac{1}{2} \)	- 1	01	Code indicating whether the transaction is a claim or	INU	i
Claim or Encounter Identifier	640	Transaction Type Code	ID	2		2 reporting encounter information.	No	1
Giann or Encounter Identifier	040	Transaction Type Gode	שו			2 reporting encounter information.	110	
Claim Original Reference Number	127	Reference Identification	AN	1	31	0 Number assigned by a processor to identify a claim.	No	1
Signal Reference Number	121	TOTOLOGICO INCIDENCE	, 11 4	-			110	
Claim Submission Reason Code	1325	Claim Frequency Type Code	ID	1		1 Code identifying reason for claim submission R M	No	ı
C.C Capillionoli i Codocii Codo	1020	Claim Submission Reason	ا حار			Transfer to the state of the st	1	
Claim Submission Reason Code	1383	Code	ID	2		2 Code identifying reason for claim submission S Y	No	ı
C.C Capillion in Nodocii Code	1000						1	
							1	ı
Code List Qualifier Code	1270	Code List Qualifier Code	ID	1		3 Code identifying a specific industry code list.	No	I
JULI LIOI QUAIIII O OOO	0	2000 Elot Qualifier Oode	ر.,			a a a a a a a a a a a a a a a a a a a	. 40	

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Communication Number	364	Communication Number	AN	1	80	Complete communications number including country or area code when applicable		NA	This is the biller's phone/fax/e-mail/edi number.	Yes	
Communication Number Qualifier	365	Communication Number Qualifier	ID	2	:	Code identifying the type of communication number	R	Υ		No	
Contact Function Code	366	Contact Function Code	ID	2		Code identifying the major duty or responsibility of the person or group named.	R	Υ		No	
Coordination of Benefits Code	1143	Coordination of Benefits Code	ID	1		Code identifying whether there is a coordination of benefits		Υ		Yes	Dental
Country Code	26	Country Code	ID	2	;	Code indicating the geographic location.	s	CL	This is required when the biller's address is outside the United States.	No	
Covered Amount	782	Monetary Amount	R	1	18	Amount determined to be covered for the claim for coordination of benefits.	s	NA		Yes	СОВ
Credit or Debit Card Authorization Number	127	Reference Identification	AN	1	30	Credit/Debit card authorization number used to authorize use of card for payment for billed charges.	S	NA		No	
Credit or Debit Card Holder Additional Name	93	Name	AN	1	60	Additional name information for the person or entity who has a credit card that could be used as payment for the billed charges.		NA	This is only required if the name is over 35 characters.	No	
Credit or Debit Card Holder Last or Organizational Name	1035	Name Last or Organization Name	AN	1	3!	Last name or organization name of the person or entity who has a credit card that could be used as payment for the billed charges.		NA		No	COB
Credit or Debit Card Holder Middle Name	1037	Name Middle	AN	1	2	Middle name of the person or entity who has a credit card that could be used as payment for the billed charges.	s	NA		No	СОВ
Credit or Debit Card Holder Name Suffix	1039	Name Suffix	AN	1	10	Name suffix of the person or entity who has a credit card that could be used as payment for the billed charges.	s	NA		No	СОВ
Credit or Debit Card Maximum Amount	782	Monetary Amount	R	1	18	Dollar limit for a credit or debit card	s	NA		No	СОВ
Credit or Debit Card Number	67	Identification Code	AN	2	80	Credit/Debit card number that may be used to pay for billed charges.	s	NA		No	СОВ
Currency Code	100	Currency Code	ID	3	;	Code for country in whose currency the charges are specified.	s	CL	Only needed for foreign currency.	No	
Date Claim Paid	1251	Date Time Period	AN	1	3!	Code indicating the date the claim was paid.	S	NA		No	
Date Time Period Format Qualifier	1250	Date Time Period Format Qualifier	ID	2	;	Code indicating the date format, time format, or date and time format	s	Υ	Required when the patient is the same as the subscriber.	No	

	1	T	1 1	1		T	_	1	1	1	
Date Time Qualifier	374	Date/Time Qualifier	ID	3	3	Code specifying the type of date or time or both date and time.	s	Y		No	
Date Time Quamer		Date: Time Quame.					Ť	Ė		1	
Delay Reason Code	1514	Delay Reason Code	ID	1	2	Code indicating the reason why a request was delayed.	S	Υ		No	
						Date that the patient was discharged from inpatient					
Discharge or End Of Care Date	1251	Date Time Period	AN	1	35	care or care/treatment ended.	S	NA		No	
						Code identifying an organizational entity, a physical					
Entity Identifier Code	98	Entity Identifier Code	ID	2	3	location, property or an individual	R	Υ		No	
Entity Type Qualifier	1065	Entity Type Qualifier	ID	1	1	Code qualifying the type of entity	R	Υ		No	
Entity Type Qualifier	4000	Entity Type Qualifier	ID	1		Code qualifying the type of entity		NA		No	
Facility Type Code		Facility Code Value	AN	1		Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard		Y		No	
Hierarchical Child Code		Hierarchical Child Code	ID	1	1	Code indicating if there are hierarchical child data		Υ		No	
Hierarchical ID Number	620	Hierarchical ID Number	AN	1	10	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	D	NA		No	
THE CHICALID NUMBER	020	THETATORICAL ID NUMBER	AIN		12	Code defining the characteristic of a level in a	11	INA		INO	
Hierarchical Level Code	735	Hierarchical Level Code	ID	1	2	hierarchical structure.	R	Υ		No	
						Identification number of the next higher hierarchical					
		Hierarchical Parent ID				data segment that the data segment being described is		l		1	
Hierarchical Parent ID Number	734	Number	AN	1	12	subordinate to.	R	NA		No	
Hierarchical Structure Code	1005	Hierarchical Structure Code	ID	4	4	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set		Υ		No	
Identification Code Qualifier	66	Identification Code Qualifier	ID	1	2	Code designating the system/method of code structure used for Identification Code (67) Code indicating the relationship between two	R	Υ		No	
Individual Relationship Code	1069	Individual Relationship Code	ID	2	2	individuals or entities			Differs from the information in CTRAC	No	

	l		1			Name of the group or plan through which the insurance		
Insured Group Name	93	Name	AN	1	6	Olis provided to the insured.	Yes	СОВ
modred Group Hamo	- 50	- Turno	7.11			The identification number, control number, or code	100	002
						assigned by the carrier or administrator to identify the		
Insured Group or Policy Number	127	Identification Code	AN	2	8	0 group under which the individual is covered.	No	СОВ
						Name of laboratory or other facility performing		
		Name Last or Organization				Laboratory testing on the claim where the health care		
Laboratory or Facility Name	1035	Name	AN	1	3	5 service was performed/rendered.	Yes	
						Additional name information identifying the laboratory		
Laboratory or Facility Name Additional						or facility performing tests billed on the claim where the This is only required if the name is over 35		
Text	93	Name	AN	1	6	0 health care service was performed/rendered. S NA characters.	No	
						Identification number of laboratory or other facility		
						performing laboratory testing on the claim where the		
Laboratory or Facility Primary Identifier	67	Identification Code	AN	2	8	0 health care service was performed/rendered. R NA	No	
						Additional identifier for the laboratory or facility		
Laboratory or Facility Secondary						performing tests billed on the claim where the health		
Identifier	127	Reference Identification	AN	1	3	0 care service was performed/rendered. S NA	No	
Line Item Charge America	700	Monoton, Amount	R			8 Charges related to this service.	No	
Line Item Charge Amount	782	Monetary Amount	K	1	10	8 Charges related to this service.  R NA  Identifier assigned by the submitter/provider to this line	NO	
Line Item Control Number	127	Reference Identification	AN	1	2	Olitem. S NA	No	
Location Qualifier		Entity Identifier Code	ID	2		3 Code identifying type of location.	No	Dental
Location Qualifier	90	Littity identifier Code	טון		-	The loop ID number given on the transaction set	INO	Dentai
		Information Receiver Last or				diagram is the value for this data element in segments		
Loop Identifier Code	1065	Organization Name	AN	1		1 LS and LE.	No	Dental
Loop Identifier Code	1000	Organization Name	7.11			Always Required for professional billings.	140	Dentai
		Provider Accept Assignment				An indication, used by Medicare or other government   R/   Situational for dental and institutional		
Medicare Assignment Code	1359	Code	ID	1		programs, that the provider accepted assignment. S Y billings.	No	
						Code identifying the functional area or purpose for		
Note Reference Code	363	Note Reference Code	ID	3		which the note applies.	No	
						· · · · · · · · · · · · · · · · · · ·		
Oral Cavity Designation Code	1361	Oral Cavity Designation Code	ID	1		3 Code identifying an oral cavity involved in the service. R Y	Yes	Dental
Originator Application Transaction						An identification number that identifies a transaction		
Identifier	127	Reference Identification	AN	1	3	0 within the originator's applications system. R NA	No	
Orthodontic Banding Date	1251	Date Time Period	AN	1	3	5 Date that Orthodontic bands were applied. S NA	No	Dental
						Estimated Number of Treatment Months for		_
Orthodontic Treatment Months Count	380	Quantity	R	1	1	5 Orthodontic Treatment S NA	No	Dental
Orthodontic Treatment Months		O +it			١,	Number of Treatment Months Remaining for		D
Remaining Count	380	Quantity	R	1	1	5 Orthodontic Treatment S NA	No	Dental
Other Insured Additional Identifier	407	Reference Identification	AN		0	Number providing additional identification of the other	No	СОВ
Other insured Additional Identifier	12/	Reference identification	AIN	1	3	This is only required if the name is over 35	INO	COR
Other has a second Additional Name	03	Name	AN	1	6	0 Additional name information for the other insured. S INA characters.	No	СОВ
	53	INAILIE	ΛIN	- 1	0	Address line of the additional insured individual's	INU	COB
Other Insured Additional Name								
	166	Address Information	AN	1	5		Nο	COR
Other Insured Address Line	166	Address Information	AN	1	5	5 mailing address. S NA	No	COB

Other Insured City Name	19	City Name	AN	2	30	The city name of the additional insured individual.	No	COB
Other Insured First Name	1036	Name First	AN	1		The first name of the additional insured individual.	No	СОВ
Other Insured Gender Code	1068	Gender Code	ID	1		A code to specify the sex of the additional insured individual.	No	COB
Carlot modeca Condo Codo	1000	Condo Codo		·			110	000
						An identification number, assigned by the third party		
Other Insured Identifier	67	Identification Code	AN	2	80	payer, to identify the additional insured individual.	No	COB
Other Insured Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the additional insured individual.	No	СОВ
Other Insured Middle Name	1037	Name Middle	AN	1	25	The middle name of the additional insured individual. S NA	No	COB
011 1 111 0 15	4000	N 0 55			40	The suffix to the name of the additional insured		000
Other Insured Name Suffix Other Insured Postal Zone or ZIP	1039	Name Suffix	AN	1	10	individual. S NA The Postal ZIP code of the additional insured	No	COB
Code	116	Postal Code	ID	3	15		No	СОВ
Code	110	Postai Code	טו	3	15	individual's mailing address. S CL The state code of the additional insured individual's	INO	COB
Other Insured State Code	156	State or Province Code	ID	2	2	mailing address.	No	COB
Other Histiled State Code	130	State of Flovince Code	טו			Additional name information for the other payer  This is only required if the name is over 35	INO	СОВ
Other Payer Additional Name Text	ดร	Name	AN	1	60	lorganization.  S INA characters.	No	COB
Other Payer Claim Adjustment	33	Name	/\I\		00	Indicates the other payer has made a previous claim	140	OOD
Indicator	127	Reference Identification	AN	1	30	adjustment to this claim.	No	СОВ
indicator	121	Trefered facilities	7 (1 4		- 00		110	008
Other Payer Contact Name	93	Name	AN	1	60	Name of other payer contact.	No	СОВ
						Amount determined by other payer to be subject to		
Other Payer Discount Amount	782	Monetary Amount	R	1	18	discount provisions.	No	COB
Other Payer Last or Organization		Name Last or Organization						
Name	1035	Name	AN	1	35	The name of the other payer organization.	No	COB
		Name Last or Organization						
Other Payer Patient Last Name	1035	Name	AN	1	35	The non-destination (COB) payer's patient's last name. S NA	No	COB
Other Payer Patient Paid Amount	782	Monetary Amount	R	1	18	Amount reported by other payer as paid by the patient S NA	No	СОВ
other rayer rationer and randant	702	Worldary 7 arroam			10	The non-destination (COB) payer's patient primary	140	000
Other Payer Patient Primary Identifier	67	Identification Code	AN	2	80	identification number.	No	СОВ
Caron ayon adone minary recitation	- 0,	Tachtineation Code	7 4		- 00	The non-destination (COB) payer's patient primary	110	000
Other Payer Patient Primary Identifier	127	Reference Identification	AN	1	30	identification number.	No	COB
,								
Other Payer Primary Identifier	67	Identification Code	AN	2	80	An identification number for the other payer.	No	COB
Other Payer Prior Authorization or						The non-destination (COB) payer's claim line level prior		
Referral Number	127	Reference Identification	AN	1	30	authorization or referral number.	No	COB
						The non-destination (COB) payer's claim line level		
Other Payer Referral Number	67	Identification Code	AN	2	80	referral number. S NA	No	COB
Other Payer Referring Provider						The non-destination (COB) payer's referring provider		
Identifier	127	Reference Identification	AN	1	30	identifier. S NA	No	COB
Other Payer Rendering Provider	40-	Defended life (15 11			~~	The non-destination (COB) payer's rendering provider		000
Identifier	127	Reference Identification	AN	1	30	identifier. S NA	No	COB
	l	Reference Identification	AN	1		Additional identifier for the other payer organization S NA	No	СОВ

						Units of service paid by the payer for coordination of				
Paid Service Unit Count	380	Quantity	R	1	15	benefits.	S	NA		No
Patient Account Number	1028	Claim Submitter's Identifier	AN	1	38	Unique identification number assigned by the provider to the claim patient to facilitate posting of payment information and identification of the billed claim.	R	NA		No
Patient Additional Name	93	Name	AN	1	60	Additional name information for the patient.	s	NA	This is only required if the name is over 35 characters.	No
Patient Address Line	166	Address Information	AN	1	55	Address line of the street mailing address of the patient.	R	NA		Yes
Patient Amount Paid	782	Monetary Amount	R	1	18	The amount the provider has received from the patient (or insured) toward payment of this claim.	s	NA		Yes
Patient Birth Date	1251	Date Time Period	AN	1	35	Date of birth of the patient.	R	NA		Yes
Patient City Name	19	City Name	AN	2	30	The city name of the patient.	R	NA		Yes
Patient First Name	1036	Name First	AN	1		The first name of the individual to whom the services were provided.	R	NA		Yes
Patient Gender Code	1068	Gender Code	ID	1	1	A code indicating the sex of the patient.	R	Υ		Yes
Patient Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the individual to whom the services were provided.	P	NA		Yes
						The middle name of the individual to whom the				
Patient Middle Name	1037	Name Middle	AN	1	25	services were provided. Suffix to the name of the individual to whom the	R	NA		Yes
Patient Name Suffix		Name Suffix	AN	1		services were provided.		NA		Yes
Patient Postal Zone or ZIP Code	116	Postal Code	ID	3	15	The ZIP Code of the patient.	R	CL		Yes
Patient Primary Identifier	67	Identification Code	AN	2	80	Identifier assigned by the payer to identify the patient	R	NA		No
Patient Responsibility Amount	782	Monetary Amount	R	1	18	The amount determined to be the patient's responsibility for payment	s	NA		No
Patient Secondary Identifier		Reference Identification	AN	1		Additional identifier assigned to the patient by the payer.		NA		No
Patient State Code	156	State or Province Code	ID	2	2	The State Postal Code of the patient.	R	CL		Yes
Payer Additional Identifier	127	Reference Identification	AN	1	30	Additional identifier for the payer.	s	NA		No
Payer Additional Name	93	Name	AN	1	60	Additional name information for the payer.	s	NA	This is only required if the name is over 35 characters.	No
						Address line of the Payer's claim mailing address for this particular payer organization identification and				
Payer Address Line	166	Address Information	AN	1	55	claim office.	S	NA		Yes
Payer City Name	19	City Name	AN	2	30	The City Name of the Payer's claim mailing address for this particular payer ID and claim office.	s	NA		Yes
Payer Identifier	67	Identification Code	AN	2	80	Number identifying the payer organization.	R	NA		Yes
Payer Name	1035	Name Last or Organization Name	AN	1	35	Name identifying the payer organization.	R	NA		Yes
Payer Paid Amount	782	Monetary Amount	R	1	18	The amount paid by the payer on this claim.	s	NA		Yes

		1				The ZIP Code of the Payer's claim mailing address for		
						this particular payer organization identification and		
Payer Postal Zone or ZIP Code	116	Postal Code	ID	3	15	5 claim office.	Yes	
.,						The ZIP Code of the Payer's claim mailing address for		
						this particular payer organization identification and		
Payer Postal Zone or ZIP Code	26	Postal Code	ID	3	15	5 claim office.	Yes	
Payer Responsibility Sequence		Payer Responsibility				Code identifying the insurance carrier's level of		
Number Code	1138	Sequence Number Code	ID	1	1	responsibility for a payment of a claim R Y	No	COB
						State Postal Code of the Payer's claim mailing address		
						for this particular payor organization identification and		
Payer State Code	156	State or Province Code	ID	2	2	2 claim office.	Yes	
B ( B () A ())	-00					Additional name information for the provider to receive This is only required if the name is over 35		
Pay-to Provider Additional Name	93	Name	AN	1	60	Dipayment. S NA characters.	No	
Pay-to Provider Address Line	166	Address Information	AN	4		Address line of the provider to receive payment S NA	Yes	
Fay-to Flovider Address Line	100	Address information	AIN	- 1	30	Address line of the provider to receive payment 5 INA	165	
Pay-to Provider City Name	19	City Name	AN	2	30	City name of the provider to receive payment.	Yes	
1 ay-to 1 tovider oity tvarite	10	Oity Name	AIN		- 00	only frame of the provider to receive payment.	103	
Pay-to Provider First Name	1036	Name First	AN	1	25	5 First name of the provider to receive payment.	Yes	
,			, ,	•		Identification number for the provider or organization		
Pay-to Provider Identifier	67	Identification Code	AN	2	80	that will receive payment. S NA	Yes	
						Identification number for the provider or organization		
Pay-to Provider Identifier	127	Reference Identification	AN	1	30	b that will receive payment. S NA	No	
Pay-to Provider Last or Organizational		Name Last or Organization				Last or organizational name of the provider to receive		
Name	1035	Name	AN	1	35	payment. S NA	Yes	
Pay-to Provider Middle Name	1037	Name Middle	AN	1	25	The middle name of the pay-to provider.	Yes	
Devite Devide News Coffin	4000	Name Coeffici		4	40	The suffix, including generation, of the provider that	V	
Pay-to Provider Name Suffix Pay-to Provider Postal Zone or ZIP	1039	Name Suffix	AN	1	10	) will receive payment. S NA	Yes	
Code	116	Postal Code	ID	3	15	Postal ZIP code of the provider to receive payment S CL	Yes	
Pay-to Provider State Code		State or Province Code	ID	2		2 State of the provider to receive payment.	Yes	
1 ay-to 1 Tovider State Gode	130	State of 1 Towniee Code	ייוו			otate of the provider to receive payment.	103	
Policy Name	93	Name	AN	1	60	The name of the policy providing coverage.	Yes	СОВ
						Identifier or authorization number assigned to		
Predetermination of Benefits Identifier	127	Reference Identification	AN	1	30	Predetermination of Benefits.	No	Dental
						The date of Prior Placement of the Prosthesis, Crown		
Prior Placement Date	1251	Date Time Period	AN	1	35	or Inlay, if any reason for service is replacement.	Yes	Dental
Procedure Code	234	Product/Service ID	AN	1	48	Code identifying the procedure, product or service.	Yes	
		S				Description clarifying the Product/Service Procedure		
Procedure Code Description	352	Description	AN	1	80	Code and related data elements.	Yes	
Dragadura Caunt	202	Ou antitu	_	,	4-	Number of Precedures	V	Darstel
Procedure Count	380	Quantity	R	1	15	Number of Procedures R NA	Yes	Dental
Procedure Modifier	1330	Procedure Modifier	AN	2		This identifies special circumstances related to the performance of the service.	No	
i roccadie Modiliei	1339	i rocedure iviodillei	ΔN			performance of the service.	INO	

	1	T	1 1	- 1		T	1		I		
						Code identifying the type/source of the descriptive	R/	CL			
Product or Service ID Qualifier	235	Product/Service ID Qualifier	ID	2	2	number used in Product/Service ID (234).		Υ		No	
						Identification number for property casualty claim					
Property Casualty Claim Number	127	Reference Identification	AN	1	30	associated with the services identified on the bill.	S	NA		No	
		"Prosthesis, Crown or Inlay				Code Specifying the Placement Status for the Dental					
Prosthesis, Crown, or Inlay Code"	1358	Code"	ID	1	1	Work	S	Υ		No	Dental
							R/	,			
Provider Code	1221	Provider Code	ID	1	•	Code identifying the type of provider.		Υ		No	
1 Tovider Gode	1221	1 TOVIGET GOGE	10	-		An indicater that the provider of service reported on	۲	Ė		140	
						this claim acknowledges the performance of the					
Provider or Supplier Signature		Yes/No Condition or				service and authorizes payment, and that a signature is	:				
Indicator	1073	Response Code	ID	1	1	on file in the provider's office.	R	Υ		No	
						Code designating the provider type, classification, and					
Provider Taxonomy Code	127	Reference Identification	AN	1	30	specialization.	S	CL		No	
Quantity Qualifier	672	Quantity Qualifier	ID	2	-	Code specifying the type of quantity	6	Υ		No	
Quantity Quantier	0/3	Yes/No Condition or	טו			Code specifying the type of quantity	3	ī		INO	
Question Response	1073	Response Code	ID	1	1	A yes/no question response.	s	Υ		No	
ционал пороло	1070	r teepenee eeue	1.5			- Try come quotien responden	Ť		This is only required if the name is over 35		
Receiver Additional Name	93	Name	AN	1	60	Additional name information for the receiver.	S	NA	characters.	No	
		Name Last or Organization									
Receiver Name	1035	Name	AN	1	35	Name of organization receiving the transaction.	R	NA		No	
Danis and Driver and Joseph and	0.7	ldkifki O-d-		_	0.0	Primary identification number for the receiver of the	L			NI-	
Receiver Primary Identifier	67	Identification Code	AN	2	80	transaction.	K	NA		No	
							L				
Reference Identification Qualifier	100	Reference Identification Qualifier	ID	2	,	Code qualifying the reference identification	R/	Υ		No	
Reference identification Qualifier	120	Qualifier	טו	2			0	T		INO	
Referral Date	1251	Date Time Period	AN	1	35	Date of referral.	s	NA		No	
Troidira Bato	1201	Date Time Foliod	,			Date of Foliation.	Ť	,		110	
Referral Number	127	Reference Identification	AN	1	30	Referral authorization number.	S	NA		No	
				İ		The first name of provider who referred the patient to					
Referring Provider First Name	1036	Name First	AN	1	25	the provider of service on this claim.	S	NA		No	
Defenie - Devider II - 17		Lilandi Cartina Cart			•	The idealification much set. III. 6				,,	
Referring Provider Identifier	67	Identification Code	AN	2	80	The identification number for the referring physician.  The Last Name of Provider who referred the patient to	S	NA		No	
Referring Provider Last Name	1025	Name Last or Organization Name	AN	1	25	the provider of service on this claim.	c	NA		No	
Treferring Frovider Last Name	1035	INAIIIC	AIN	ı	30	Middle name of the provider who is referring patient for	3	INA		INO	
Referring Provider Middle Name	1037	Name Middle	AN	1	25	care.	s	NA		No	
	. 501		1			1			<del>!</del>		

Referring Provider Name Additional			1			Additional name information identifying the referring			This is only required if the name is over 35		
Text	93	Name	AN	1	60		S	NA	characters.	No	
						Suffix to the name of the provider referring the patient					
Referring Provider Name Suffix	1039	Name Suffix	ΑN	1	10		S	NA		No	
Referring Provider Secondary						Additional identification number for the provider					
Identifier	127	Reference Identification	ΑN	1	30	referring the patient for service.	S	NA		No	
						, , , , , , , , , , , , , , , , , , , ,	R/				
Related Causes Code	1362	Related-Causes Code	ID	2	3	j. j,	S	Υ		No	
Related Hospitalization Admission						The date the patient was admitted for inpatient care					
Date	1251	Date Time Period	AN	1	35		S	NA		No	
						Code indicating whether the provider has on file a					
						signed statement permitting the release of medical					
Release of Information Code	1363	Release of Information Code	ID	1	1		R	Υ		No	
						The first name of the provider who performed the					
Rendering Provider First Name	1036	Name First	AN	1	25		S	NA		Yes	
		l				The identifier assigned by the Payor to the provider	_				
Rendering Provider Identifier	67	Identification Code	AN	2	80		S	NA		Yes	
Rendering Provider Last or		Name Last or Organization				The last name or organization of the provider who					
Organization Name	1035	Name	AN	1	35		S	NA		Yes	
						Middle name of the provider who has provided the					
Rendering Provider Middle Name	1037	Name Middle	AN	1	25		S	NA		Yes	
Rendering Provider Name Additional						Additional name information identifying the rendering			This is only required if the name is over 35		
Text	93	Name	AN	1	60	provider.	S	NA	characters.	No	
						Name suffix of the provider who has provided the	_				
Rendering Provider Name Suffix	1039	Name Suffix	AN	1	10		S	NA		Yes	
Rendering Provider Secondary						Additional identifier for the provider providing care to	_				
Identifier	127	Reference Identification	AN	1	30	the patient.	S	NA		Yes	
		S . T. S					_				
Replacement Date	1251	Date Time Period	AN	1	35	Replacement Date for appliance or prosthesis	S	NA		No	Dental
	4.0-						_		Required when a service is provided without		
Service Authorization Exception Code	127	Reference Identification	AN	1	30	, 0	S	Υ	required prior authorization.	No	
						Date of service, such as the start date of the service,	١,				
0 : 0 :	070	D . T. D			٥-		R/				
Service Date	3/3	Date Time Period	AN	1	35	the service.	S	NA		Yes	
Comittee Line Deid America	700	NA	_		40	A		N 1 A		NI-	
Service Line Paid Amount	782	Monetary Amount	R	1	18	Amount paid by the indicated payer for a service line	5	NA		No	
						A god a indicating the Chapiel Brogram under which the					
Special Program Indicator	1260	Special Program Code	ID	2	2	A code indicating the Special Program under which the	s	V		No	
Special Program Indicator	1300	Special Program Code	טון		3	services rendered to the patient were performed.  Code indicating the student status of the patient if 19	S	Ī		No	
						years of age or older, not handicapped and not the					
Student Status Code	1220	Student Status Code	ID	1	4		s	V		No	Dental
Oludeni Olalus Code	1220	Olddeni Olalus Code	טו	<u> </u>		Name of the person at the submitter organization to	J	1		INU	Denial
						whom inquiries about the transaction should be					
Submitter Contact Name	03	Name	AN	1	60		P	NA		No	
Cubinitie Contact Name	93	INGINE	\(\tau\)	<u> </u>	00	The first name of the person submitting the transaction	11	INA		INU	
						or receiving the transaction, as identified by the					
Submitter First Name	1026	Name First	AN	1	25		٥	NA		Yes	
Submitte Filst Name	1030	INAME FIISL	MIN		20	preceding identification code.	J	INA		169	

						Code or number identifying the entity submitting the					
Submitter Identifier	67	Identification Code	AN	2	80		R	М		No	
		Name Last or Organization				The last name or the organizational name of the entity					
Submitter Last or Organization Name	1035	Name	AN	1	35	submitting the transaction	R	NA		Yes	
						The middle name of the person submitting the					
Submitter Middle Name	1037	Name Middle	AN	1	25		S	NA		Yes	
						Address line of the current mailing address of the					
Subscriber Address Line	166	Address Information	AN	1	5		S	NA		Yes	COB
						The date of birth of the subscriber to the indicated					
Subscriber Birth Date	1251	Date Time Period	AN	1	35		S	NA		Yes	COB
						The City Name of the insured individual or subscriber					
Subscriber City Name	19	City Name	AN	2	30		S	NA		Yes	COB
						The first name of the insured individual or subscriber to					
Subscriber First Name	1036	Name First	AN	1	2	the coverage		NA		Yes	COB
						Code indicating the sex of the subscriber to the					
Subscriber Gender Code	1068	Gender Code	ID	1		indicated coverage or policy.		Υ		Yes	COB
		Name Last or Organization	1			The surname of the insured individual or subscriber to				l	
Subscriber Last Name	1035	Name	AN	1	3		R	NA		Yes	COB
						The middle name of the subscriber to the indicated	_	l			
Subscriber Middle Name	1037	Name Middle	AN	1	2		S	NA		Yes	COB
			l			Suffix of the insured individual or subscriber to the	_	l			
Subscriber Name Suffix	1039	Name Suffix	AN	1	1(		S	NA		Yes	COB
						The ZIP Code of the insured individual or subscriber to	_				
Subscriber Postal Zone or ZIP Code	116	Postal Code	ID	3	15	the coverage S	S	CL		Yes	COB
							_,				
Outropile of Deinson Helentifica	07	111					R/			V	000
Subscriber Primary Identifier	67	Identification Code	AN	2	80		>	NA		Yes	COB
0	450	Otata an Duanda an Oada		_	,	The State Postal Code of the insured individual or	_	CL		V	000
Subscriber State Code	150	State or Province Code	ID	2			>	CL	This is only required if the name is ever 25	Yes	COB
Out - with - Our - I I D i - ti	00	N			0.0	Text information clarifying subscriber additional	_		This is only required if the name is over 35 characters.	NI-	000
Subscriber Supplemental Description	93	Name	AN	1	ы		>	NΑ	cnaracters.	No	COB
Subscriber Supplemental Identifier	127	Reference Identification	AN	4	20	Identifies another or additional distinguishing code number associated with the subscriber.	0	NA		No	СОВ
Subscriber Supplemental Identiller	127	Reference identification	AIN	- 1	3(	An indication of the tooth on which services were	<u> </u>	INA		INO	СОВ
Tooth Code	1271	Industry Code	AN	1	3(		0	CL		Yes	Dental
Tooth Number		Reference Identification	AN	1				CL		Yes	Dental
Tooth Status Code		Tooth Status Code	ID	1				Y		Yes	Dental
Toolii olalao oodo	1300	Toolii Olalao Oode	טו			The surface(s) of the tooth on which services were	_			103	Dontal
Tooth Surface Code	1360	Tooth Surface Code	ID	1	•		s	Υ		Yes	Dental
Tooli Gariace Gode	1000	Tooli ouridoc oodc	טו			performed or will be performed.		-		103	DCITICAL
Total Claim Charge Amount	782	Monetary Amount	R	1	15	The sum of all charges included within this claim.	R	NA		No	
. c.c. c.c.iii chargo / iiicani	7 02	Number of Included	1			A tally of all segments between the ST and the SE		, .		.,,	
Transaction Segment Count	96	Segments	N0	1	10		R	NA		No	
	"	Transaction Set Control	1		- '	The unique identification number within a transaction	•			1	
Transaction Set Control Number	329	Number	AN	4	Ç	· ·	R	NA		No	
	1						•			1	
Transaction Set Creation Date	373	Date	DT	8	8	Identifies the date the submitter created the transaction R	R	NA		No	
Transaction Set Creation Time	337	Time	ТМ	4	8	Time file is created for transmission.	R	NA		No	
				8		Identifies the date the submitter created the transaction R Time file is created for transmission.					

Transaction Set Identifier Code	143	Reference Identification	AN	1	30	Code uniquely identifying a Transaction Set.	R	Y	,	No	
		Transaction Set Purpose									
Transaction Set Purpose Code	353	Code	ID	2	2	Code identifying purpose of transaction set.	R	Y	<i>'</i>	No	
						Code identifying the type of transaction or transmission					
Transmission Type Code	127	Reference Identification	AN	1	30	included in the transaction set.	R	Y	′	No	
						Unique Identification number for a transaction					
						assigned by a Value Added Network, Clearinghouse, or	-				
Value Added Network Trace Number	127	Reference Identification	AN	1	30	other transmission entity.	S	N.	ΙA	No	

r Claim		Implementation Guide		Implementation Guide	Implementation Guide		
Client, Provider, or Claim Data	837-Institutional	Page #	837-Dental	Page#	837-Professional	Page #	
CI			Х	161	Х	195	
CI			Х	62	Х	70	
СР	Х	415	Х	312	Х	367, 566	
CI	Х	367, 368, 369, 370, 496, 497, 498, 499, 500, 501	Х	216, 217, 218, 307, 308, 309, 310, 311	X	327, 328, 329, 330, 560, 561, 562, 563, 564, 565	
CI	Х	367, 368, 369, 370, 493, 496, 497, 498, 499, 500, 501	X	216, 217, 218, 219, 307, 308, 309, 310, 311	X	327, 328, 329, 330, 331, 560, 561, 562, 563, 564, 565	
CI	Х	367, 368, 369, 370, 496, 497, 498, 499, 500	Х	216, 217, 218, 219, 307, 308, 309, 310, 311	X	326, 327, 328, 329, 330, 560, 561, 562, 563, 564, 565	
CI-COB	X	372	X	222	X	334	
CI	X	178, 180, 182, 184, 371, 372, 373, 374, 376, 378, 380, 382, 384, 386, 387, 460, 461	X	173, 174, 220, 221, 222, 223, 224, 225, 226, 287	X	219, 220, 221, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 484, 485, 486	
CI			X	282			
CI-COB			Х	221, 287	Х	333, 485	
СР	Х	444	Х	265	Х	399	
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CI	Х	174, 453	Х	171	Х	215, 410	
CI	Х	174, 454	Х	171	Х	216, 411	

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CI-COB	Χ	160, 390	Χ	153, 229	Х	175, 345
PI	Х	84	Х	84	Х	92
PI			Х	79	Х	87
PI	Х	79	Х	80	Х	88
PI	Х	80	Х	81	Х	89
PI	Х	86	Х	86	Х	95
PI			Х	77	Х	85
PI	Х	78	Х	78	Х	86
PI	Χ	77	Χ	77	Χ	85
PI			Х	77	Х	85
PI			Х	77	Х	86
PI	Χ	81	Х	82	Х	90
PI	Х	81	Х	82	Х	90
СР	Х	493	Х	304	Х	557
CI	Х	367, 495	Х	216, 307	Х	326, 560
CI-COB	Х	104, 363	Х	101, 211	Х	112, 321
CI	Χ	207	Х	186, 288	Х	247
CI	Χ	59	Х	56	Х	65
СР	Χ	192	Х	180	Х	230
CI			Х	151		
CI			Х	155		
CI	Х	228-230, 232-240, 242, 244-254, 256-265, 267- 278, 280-288, 290-305	Х	271	х	568

						72, 73, 97, 98, 364, 365, 539,
CI	Χ	65, 66, 88, 89	Χ	64, 65, 244, 245	Χ	540
CI	×	65, 66, 88, 89	X	64, 65, 244, 245	X	72, 73, 97, 98, 364, 365, 539, 540
CI	^	05, 00, 88, 89	^	04, 05, 244, 245	^	540
CI	Χ	65, 88	Х	64, 244	Х	72, 97, 364, 539
CI			Х	100		
CI	Х	81, 96, 114, 131, 138, 150, 163, 356, 407, 414	Х	82, 93, 110, 142, 154, 237	Х	90, 105, 123, 136, 145, 163, 178, 309, 356, 520, 535
CI-COB			Х	224		
CI-COB	Х	125	Х	130	Х	150
CI-COB			X	129	X	149
CI-COB	Х	122	Х	127	Х	147
CI-COB	Х	122	Х	127	X	147
CI-COB	Χ	122	Х	127	Χ	147
CI-COB	Х	184	Х	174	Х	219
CI-COB	Х	123	Х	128	Х	148
CI	Х	74	Х	74	Х	82
СР			Х	246		
						115, 124, 155, 164, 180 182,
						184, 186, 189, 190, 192, 194,
						196, 197, 199-201, 203, 205,
		115, 151, 165, 167, 169,		111, 143, 157, 158,		206, 208, 210, 213, 342, 366,
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		257-266, 268-278, 388,		246, 273, 275, 277,		447, 450-452, 454, 456, 458,
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CI	Х	164	Χ	155	Χ	179
CI			Χ	159		
CI	X	62, 68, 74, 77, 92, 109, 122, 127, 135, 145, 322, 329, 336, 343, 350, 401, 410, 421, 425, 429, 433, 437, 441, 463, 470, 477, 484	X	60, 67, 74, 77, 88, 104, 118, 136, 188, 196, 204, 232, 240, 254, 258, 262, 290, 298	X	68, 75, 82, 85, 100, 118, 131, 140, 147, 157, 283, 291, 299, 304, 313, 351, 360, 375, 379, 383, 387, 391, 395, 502, 510, 515, 524, 530, 542, 550
CI	>	62, 68, 77, 92, 109, 122, 127, 135, 146, 322, 329, 336, 343, 350, 401, 411, 421, 425, 429, 433, 437, 441, 463, 470, 477, 484	>	60, 67, 77, 88, 104, 118, 127, 137, 188, 196, 204, 232, 241, 254, 258, 262, 290, 298		68, 75, 85, 100, 118, 131, 140, 147, 158, 283, 291, 299, 304, 313, 351, 360, 375, 379, 383, 387, 391, 395, 502, 510,
	Х	441, 463, 470, 477, 484	X		Х	515, 524, 530, 542, 550
CI			Х	127		
CI	Х	159	Х	151, 268	Х	173
СР	Х	70, 100, 140	Х	70, 97, 133	Х	78, 109, 153
СР	Х	70, 100, 140	Х	70, 97, 133	Х	78, 109, 153
CP	Х	70, 100, 140	Χ	70, 97, 133	Χ	78, 109, 153
СР	Х	100, 140	Х	97, 133	Х	109, 153
СР	X	57	X	54	X	63
		62, 77, 92, 110, 123, 127, 147, 175, 323, 330, 337, 344, 350, 402, 411, 421,		60, 67, 78, 89, 105, 118, 128, 137, 172, 189, 197, 204, 233,		68, 75, 86, 101, 119, 131, 147, 159, 216, 284, 292, 299, 305, 314, 352, 360, 375, 503,
CI	Х	454, 463, 470, 478, 484	Х	241, 254, 291, 298	Х	510, 515, 525, 531, 543, 550
CI	Χ	103, 142, 361	Χ	100, 134, 210	Χ	111, 154, 319

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CI-COB	Χ	103, 363	Х	100, 210	Х	111, 320
PI	Χ	350	Х	204	Х	304, 515
PI			Х	206	Х	306, 517
PI	Χ	350	Х	204	Х	305, 516
DI	<b>V</b>	250	\ \ \	200	\ \ \	244
PI	Х	358	X	208	X	311
CP	Х	448	Х	268	Х	402
CP CI			X	286 127	Х	473
Ci			^	127		
CI			х	127		
CI	Χ	160	Х	152	Х	174
CI	Х	206, 208	Х	186, 288	Х	247, 488
CI			х	268, 269		
СР	X	58	Х	55	х	64
CI			Х	163, 278		
CI			х	166		
CI			х	167		
CI-COB	Х	409	х	239	Х	358
CI-COB			х	234	Х	353
CI-COB	Х	404, 405	х	235	Х	354
CI-COB	Х	389	Х	228	Х	343

CI-COB	Χ	406	Х	236	Х	355
CI-COB	Х	401	Х	232	Х	351
CI-COB	Χ	389	Х	228	Х	343
CI-COB	Χ	403	Х	233	Χ	352
CI-COB	Χ	401	Х	232	Χ	351
CI-COB	Χ	402	Х	232	Χ	351
CI-COB	Х	402	Х	232	Х	352
CI-COB	Χ	407	Х	237	Х	356
CI-COB	Х	407	Х	237	Х	356
CI-COB			Х	242	Х	362
CI-COB			Х	252	Х	373
CI-COB			Х	244	Х	364
CI-COB			Х	225	Х	337
CI-COB	Х	411	Х	241, 298	Х	360
CI-COB			Х	254		
CI-COB	Х	371	Х	226	Х	339
CI-COB	Χ	421	Х	254	Х	375
CI-COB			Х	256		
CI-COB	Χ	411	Х	241, 302	Х	361, 555
CI-COB	Х	419	Х	249, 300	Х	371, 552
CI-COB			Х	299		
CI-COB	Х	439	Х	260	Х	381
CI-COB			Х	264		
CI-COB	Χ	417	Х	248	Х	369

CP       X       303       X       557         CI       X       158       X       150       X       171         CD       X       139       X       160         CD       X       148       X       140       X       161         CD       X       183       X       173       X       220         CD       X       152       X       144       X       165         CD       X       149       X       141       X       162         CD       X       146       X       137       X       158         CD       X       146       X       137       X       158,375         CD       X       146       X       137       X       158,375         CD       X       146       X       137       X       158,375         CD       X       146       X       137       X       158         CD       X       146       X       137       X       158         CD       X       147       X       138       X       159         CI       X       150		1					
CD         X         139         X         160           CD         X         148         X         140         X         161           CD         X         183         X         173         X         220           CD         X         152         X         144         X         165           CD         X         149         X         141         X         162           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158           CD         X         147         X         138         X         159	СР			Х	303	Х	557
CD         X         139         X         160           CD         X         148         X         140         X         161           CD         X         183         X         173         X         220           CD         X         152         X         144         X         165           CD         X         149         X         141         X         162           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158           CD         X         147         X         138         X         159							
CD         X         139         X         160           CD         X         148         X         140         X         161           CD         X         183         X         173         X         220           CD         X         152         X         144         X         165           CD         X         149         X         141         X         162           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158           CD         X         147         X         138         X         159							
CD       X       148       X       140       X       161         CD       X       183       X       173       X       220         CD       X       152       X       144       X       165         CD       X       149       X       141       X       162         CD       X       146       X       137       X       158         CD       X       146       X       137       X       158,375         CD       X       146       X       137       X       158         CD       X       147       X       138       X       159         CI       X       154       X       146       X       167	CI	Χ	158	Х	150	Х	171
CD         X         183         X         173         X         220           CD         X         152         X         144         X         165           CD         X         149         X         141         X         162           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         147         X         138         X         159           CI         X         150         X         142         X	CD			Х	139	Х	160
CD         X         152         X         144         X         165           CD         X         149         X         141         X         162           CD         X         146         X         137         X         158           CD         X         152         X         144         X         165           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         147         X         138         X         159           CI         X         181         X         223         X         162           CI         X         133         X         125         X	CD	Х	148	х	140	Х	161
CD         X         149         X         141         X         162           CD         X         146         X         137         X         158           CD         X         152         X         144         X         165           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         150         X         142         X         163           CD         X         147         X         138         X         159           CI         X         154         X         146         X         167           CD         X         154         X         146         X         167           CI         X         133         X         125         X	CD	Х	183	х	173	Х	220
CD         X         146         X         137         X         158           CD         X         152         X         144         X         165           CD         X         146         X         137         X         158           CD         X         147         X         138         X         159           CI         X         181         X         223         223         223           CD         X         154         X         146         X         167         162           CI         X         150         X         142         X         162           CI         X         133         X         125         X         138           CI         X         129         X         121	CD	Х	152	Х	144	Х	165
CD         X         152         X         144         X         165           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158           CD         X         150         X         142         X         163           CD         X         147         X         138         X         159           CI         X         181         X         223	CD	Х	149	Х	141	Х	162
CD         X         152         X         144         X         165           CD         X         146         X         137         X         158,375           CD         X         146         X         137         X         158           CD         X         146         X         137         X         158           CD         X         150         X         142         X         163           CD         X         147         X         138         X         159           CI         X         181         X         223	CD	_	146	_	127	_	150
CD       X       146       X       137       X       158, 375         CD       X       146       X       137       X       158         CD       X       146       X       137       X       158         CD       X       146       X       142       X       163         CD       X       147       X       138       X       159         CI       X       181       X       223		X		X		X	
CD         X         146         X         137         X         158           CD         X         146         X         137         X         158           CD         X         150         X         142         X         163           CD         X         147         X         138         X         159           CI         X         181         X         223							
CD       X       146       X       137       X       158         CD       X       150       X       142       X       163         CD       X       147       X       138       X       159         CI       X       181       X       223	CD	Х	146	Х	137	Х	158, 375
CD       X       150       X       142       X       163         CD       X       147       X       138       X       159         CI       X       181       X       223	CD	Х	146	Х	137	Х	158
CD       X       150       X       142       X       163         CD       X       147       X       138       X       159         CI       X       181       X       223	CD	Х	146	Х	137	Х	158
CI       X       181       X       223         CD       X       154       X       146       X       167         CD       X       150       X       142       X       162         CI       X       133       X       125       X       138         CI       X       120       X       133         CI       X       129       X       121       X       134         CI       X       130       X       122       X       135         CI       X       128,491       X       118       X       131,550			150	Х		Χ	163
CD       X       154       X       146       X       167         CD       X       150       X       142       X       162         CI       X       133       X       125       X       138         CI       X       120       X       133         CI       X       129       X       121       X       134         CI       X       130       X       122       X       135         CI       X       128,491       X       118       X       131,550	CD	Х	147	Х	138	Х	159
CD       X       150       X       142       X       162         CI       X       133       X       125       X       138         CI       X       120       X       133         CI       X       129       X       121       X       134         CI       X       130       X       122       X       135         CI       X       128, 491       X       118       X       131, 550	CI	Х	181	х	223		
CD       X       150       X       142       X       162         CI       X       133       X       125       X       138         CI       X       120       X       133         CI       X       129       X       121       X       134         CI       X       130       X       122       X       135         CI       X       128, 491       X       118       X       131, 550	CD	_	154	_	146	_	167
CI       X       120       X       133         CI       X       129       X       121       X       134         CI       X       130       X       122       X       135         CI       X       128, 491       X       118       X       131         CI       X       127       X       118       X       131, 550		X				X	
CI       X       129       X       121       X       134         CI       X       130       X       122       X       135         CI       X       128, 491       X       118       X       131         CI       X       127       X       118       X       131, 550	CI	Х	133	Х	125	Х	138
CI     X     130     X     122     X     135       CI     X     128, 491     X     118     X     131       CI     X     127     X     118     X     131, 550	CI			х	120	Х	133
CI     X     130     X     122     X     135       CI     X     128, 491     X     118     X     131       CI     X     127     X     118     X     131, 550							
CI     X     128, 491     X     118     X     131       CI     X     127     X     118     X     131, 550	CI	Х	129	х	121	Х	134
CI     X     128, 491     X     118     X     131       CI     X     127     X     118     X     131, 550							
CI X 127 X 118 X 131, 550	CI	Х	130	Х	122	Х	135
	CI	Х	128, 491	х	118	Х	131
	CI	Х	127	Х	118	Х	131, 550
	СР				220		

CI	Х	131	х	123	x	136
OI .		101	1 1	120		100
CI			Х	123		
CI-COB	Χ	102, 360	х	99, 210	Х	110, 319
CI	Х	131	X	123	X	136
CI			Х	90	Х	102
CI	Х	94	Х	91	Х	103
CI	Χ	95	х	92	х	104
CI			х	88	Х	100
CI	Χ	93	х	89	Х	101
CI			х	95	Х	107
CI	Χ	92	Х	88	Х	100
CI			х	89	Х	100
CI			х	89	Х	101
CI	Χ	95	х	93	Х	105
CI	Χ	95	Х	93	Х	104
CI-COB			Х	211		
CI			х	176		
CI			x	276		
CI	Х	447, 492	X	267, 302	Х	401, 498, 556
CI	Х	492	X	303	X	557
CI	,,		X	270		<b>55</b> .
CI	Х	447, 448, 492	Х	267, 303	Х	401, 402, 556

CI	Х	214, 311, 446, 491	Χ	266, 302	Χ	401, 498, 555
CI	Х	120, 156	Χ	116, 148	Χ	129, 169
CI			Х	270		
		74 004 004 000 045				
PI	Х	71, 324, 331, 338, 345, 352, 465, 472, 479, 486	Х	71, 190, 198, 292	Х	79, 285, 293, 504, 544
CI	Х	160 72, 325, 332, 339, 346,	Х	152	Х	174
PI	Х	353, 466, 473, 480, 487	Χ	72, 191, 199, 293	Χ	80, 286, 294, 505, 545
CI	Х	306	Х	281	Х	462
CI			Х	167	Х	570
CI			Х	68	Х	76
CI	х	68	Х	67	Х	75
CI	Х	68	Х	67	Х	75
		60, 72, 83, 85, 97, 117, 120, 124, 132, 153, 155, 185, 186, 187, 189, 191, 193, 195, 197, 198, 200, 202, 325, 326, 332, 333, 339, 340, 346, 347, 353, 357, 408, 416, 418, 422, 426, 430, 434, 438, 442, 465, 467, 473, 474, 480,		57, 72, 84, 85, 95, 113, 115, 124, 130, 145, 147, 175, 177, 180, 182, 184, 190, 193, 199, 201, 207, 238, 247, 249, 252, 255, 259, 263, 283, 284, 285, 292, 295,		66, 80, 92, 94, 106, 126, 128, 137, 150, 166, 168, 222, 224, 226, 228, 230, 232, 233, 235, 236, 239-242, 286, 288, 294, 296, 301, 310, 316, 357, 368, 370, 373, 376, 380, 384, 388, 392, 396, 468-470, 472, 474, 475, 477-480, 483, 504, 507, 512, 521, 527, 536, 545, 547,
CP	Х	481, 487, 488	Χ	300	Х	552
CI			Х	160	Х	185, 439
CI			Х	182, 284		
CI	Х	343, 484	Х	188	Х	283, 542
		,				,
CI	Х	344	Х	189	Х	284, 543
CI	Х	343, 484	Χ	188	Χ	283, 379, 542
CI	Х	344, 484	Х	189	Χ	284, 543

CI			Х	192	Х	287, 546
CI	Х	344, 484	Х	189	Х	284, 543
CI	Х	348, 489	Х	194	Х	289, 548
CI	Х	161, 162	Х	153, 154	Х	176, 177
CI			Х	157	Х	209
CI	Х	161, 391	Х	153, 230	Х	175, 345
PI			Х	196, 290	Х	291, 502
PI			Х	197, 291	Х	292, 503
PI			х	196, 290	Х	291, 383, 502
PI			Х	196, 290	Х	292, 503
PI			Х	200, 294	Х	295, 506
PI			Х	196, 290	Х	292, 503
PI			X	202, 296	X	297, 508
FI			1	202, 290		297, 500
CI			Х	280		
CI	Х	196	Х	178	Х	223
CI	Χ	457	Х	165, 274	Х	436
СР	Х	491	Х	302	Х	555
CI	Х	163	Х	155	Х	178
0.0				405		
CD			Х	135		
PI	Х	65	X	64	Х	72
	- `			<u> </u>		· <del>-</del>
PI	Х	62	Х	60	Х	68

PI         X         63         X         61         X         69           PI         X         62         X         60         X         68           PI         X         62         X         60         X         68           CI-COB         X         112         X         108         X         121           CI-COB         X         116         X         112         X         125           CI-COB         X         113         X         109         X         122           CI-COB         X         109         X         104         X         118           CI-COB         X         116         X         112         X         125           CI-COB         X         109         X         104         X         118           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         110         X         106         X         119           CI-COB         X         114         X         110 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>1</th> <th></th>						1	
PI         X         62         X         60         X         68           CI-COB         X         112         X         108         X         121           CI-COB         X         116         X         112         X         125           CI-COB         X         113         X         109         X         122           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         110         X         106         X         119           CI-COB         X         114         X         110         X         123           CI-COB         X         114         X         110         X         123           CI-COB         X         118         X	PI	Х	63	Х	61	Х	69
CI-COB       X       112       X       108       X       121         CI-COB       X       116       X       112       X       125         CI-COB       X       113       X       109       X       122         CI-COB       X       109       X       104       X       118         CI-COB       X       110       X       105       X       118         CI-COB       X       114       X       110       X       123         CI-COB       X       118       X       114       X       127         CI       X       272       X       168 <td>PI</td> <td>Χ</td> <td>62</td> <td>Х</td> <td>60</td> <td>Х</td> <td>68</td>	PI	Χ	62	Х	60	Х	68
CI-COB         X         116         X         112         X         125           CI-COB         X         113         X         109         X         122           CI-COB         X         109         X         104         X         118           CI-COB         X         116         X         112         X         125           CI-COB         X         109         X         104         X         118           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         111         X         110         X         110         X         119           CI-COB         X         114         X         110         X         119         X         123           CI-COB         X         114         X         110         X         123         X         120           CI-COB         X         118         X         114         X         127         X         120           CI-COB         X         118         X	PI	Χ	62	Х	60	Х	68
CI-COB         X         113         X         109         X         122           CI-COB         X         109         X         104         X         118           CI-COB         X         116         X         112         X         125           CI-COB         X         109         X         104         X         118           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         114         X         110         X         123           CI-COB         X         118         X         114         X         127           CI         X         272         X	CI-COB	Χ	112	Х	108	Х	121
CI-COB         X         109         X         104         X         118           CI-COB         X         116         X         112         X         125           CI-COB         X         109         X         104         X         118           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         114         X         110         X         123           CI-COB         X         114         X         110         X         119           CI-COB         X         114         X         110         X         123           CI-COB         X         114         X         110         X         123           CI-COB         X         114         X         110         X         123           CI-COB         X         118         X         114         X         120           CI-COB         X         118         X         114         X         127           CI         X         168         C	CI-COB	Х	116	Х	112	Х	125
CI-COB         X         116         X         112         X         125           CI-COB         X         109         X         104         X         118           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         114         X         110         X         123           CI-COB         X         118         X         114         X         120           CI-COB         X         118         X         114         X         127           CI         X         272         X         168         X           CI         X         159         X         151         X         172           CP         X         50,503         X         53,313	CI-COB	Х	113	Х	109	Х	122
CI-COB         X         109         X         104         X         118           CI-COB         X         109         X         104         X         118           CI-COB         X         110         X         105         X         118           CI-COB         X         114         X         110         X         123           CI-COB         X         118         X         114         X         120           CI-COB         X         118         X         114         X         127           CI-COB         X         118         X         114         X         127           CI-COB         X         118         X         114         X         127           CI-COB         X         168         X         168         X         127           CI-COB         X         159         X </td <td>CI-COB</td> <td>Х</td> <td>109</td> <td>Х</td> <td>104</td> <td>Х</td> <td>118</td>	CI-COB	Х	109	Х	104	Х	118
CI-COB       X       109       X       104       X       118         CI-COB       X       110       X       105       X       118         CI-COB       X       114       X       110       X       123         CI-COB       X       110       X       106       X       119         CI-COB       X       114       X       110       X       123         CI-COB       X       114       X       110       X       120         CI-COB       X       118       X       114       X       127         CI       X       272       2       2       2         CI       X       168       3       3       3       3       172         CP       X       159       X       151       X       172         CP       X       503       X       313       X       62,572	CI-COB	Х	116	Х	112	Х	125
CI-COB       X       110       X       105       X       118         CI-COB       X       114       X       110       X       123         CI-COB       X       110       X       106       X       119         CI-COB       X       114       X       110       X       123         CI-COB       X       107       X       120         CI-COB       X       118       X       114       X       127         CI       X       272       CI       X       168         CI       X       168       CI       X       172         CP       X       159       X       151       X       172         CP       X       503       X       313       X       572         CP       X       56,503       X       53,313       X       62,572	CI-COB	Х	109	Х	104	Х	118
CI-COB       X       114       X       110       X       123         CI-COB       X       110       X       119         CI-COB       X       114       X       110       X       123         CI-COB       X       107       X       120         CI-COB       X       118       X       114       X       127         CI       X       272       CI       X       168       CI       X       168       CI       X       168       CI       X       172       CP       X       159       X       151       X       172       TP	CI-COB	Х	109	Х	104	Х	118
CI-COB       X       110       X       106       X       119         CI-COB       X       114       X       110       X       123         CI-COB       X       107       X       120         CI-COB       X       118       X       114       X       127         CI       X       272       C       C       CI       X       168       C       CI       X       168       C       C       CI       X       272       C       C       CP       X       159       X       151       X       172       T       T       CP       X       503       X       313       X       572       T       T       CP       X       56,503       X       53,313       X       62,572       T<	CI-COB	Х	110	Х	105	Х	118
CI-COB         X         114         X         110         X         123           CI-COB         X         107         X         120           CI-COB         X         118         X         114         X         127           CI         X         272         C         C         C         C         X         168         C         C         C         X         272         C         C         C         X         272         C         C         C         X         151         X         172         C         C         X         503         X         313         X         572         C         C         X         56,503         X         53,313         X         62,572         C	CI-COB	Χ	114	Х	110	Х	123
CI-COB         X         114         X         110         X         123           CI-COB         X         107         X         120           CI-COB         X         118         X         114         X         127           CI         X         272         C         C         C         C         X         168         C         C         C         X         272         C         C         C         X         272         C         C         C         X         151         X         172         C         C         X         503         X         313         X         572         C         C         X         56,503         X         53,313         X         62,572         C							
CI-COB         X         107         X         120           CI-COB         X         118         X         114         X         127           CI         X         272         C <td>CI-COB</td> <td>Χ</td> <td>110</td> <td>Х</td> <td>106</td> <td>Х</td> <td>119</td>	CI-COB	Χ	110	Х	106	Х	119
CI-COB         X         118         X         114         X         127           CI         X         272         2	CI-COB	Χ	114	Х	110	Х	123
CI       X       272         CI       X       168         CI       X       168         CI       X       272         CP       X       159       X       151       X       172         CP       X       503       X       313       X       572         CP       X       56,503       X       53,313       X       62,572	CI-COB			Х	107	Х	120
CI       X       168         CI       X       168         CI       X       272         CP       X       159       X       151       X       172         CP       X       503       X       313       X       572         CP       X       56,503       X       53,313       X       62,572	CI-COB	Х	118	Х	114	Х	127
CI       X       168         CI       X       272         CP       X       159       X       151       X       172         CP       X       503       X       313       X       572         CP       X       56,503       X       53,313       X       62,572				Х			
CI         X         272           CP         X         159         X         151         X         172           CP         X         503         X         313         X         572           CP         X         56,503         X         53,313         X         62,572				Х			
CP         X         159         X         151         X         172           CP         X         503         X         313         X         572           CP         X         56,503         X         53,313         X         62,572	CI			Х	168		
CP         X         503         X         313         X         572           CP         X         56,503         X         53,313         X         62,572	CI			Χ	272		
CP X 56,503 X 53,313 X 62,572	СР	Χ	159	Х	151	Χ	172
	СР	Χ	503	Х	313	Х	572
CP         X         58         X         55         X         64	СР	Х	56, 503	Х	53, 313	Х	62, 572
	СР	Х	58	Х	55	Х	64
CP X 58 X 56 X 65	СР	Х	58	Х	56	Х	65

CP	Χ	56	Χ	53	Χ	62
СР	х	58	Х	55	~	64
UF	^	36	^	33	_^	04
CP	Х	60	Х	57	Х	66
СР	Х	188	Х	184		

837-Professional Data Elements					ELD GTH		Situat'l	Guide		red by	
Industry Name	Data Element	Element Name	Type	Minimum	Maximum	Element Definition	Required or S	_	Commentary	Currently captured by DMH	Service
Accident Date	1251	Date Time Period	AN	1	35	Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.	s	NA		No	
Acute Manifestation Date	1251	Date Time Period	AN	1	35	Date of acute manifestation of patient's condition.	s	NA		No	
						Additional name information for the receiver or			This is only required if the name is over 35		
Additional Submitter Name	93	Name	AN	1	60	submitter of the transaction.	S	NA	characters.	No	
Adjudication or Doument Date	1051	Date Time Period	AN	4	25	Date of payment or denial determination by previous		NA		No	
Adjudication or Payment Date Adjusted Repriced Claim Reference	1251	Date Time Period	AIN	- 1	30	payer. Identification number, assigned by a repricing	0	INA		INO	
Number	127	Reference Identification	AN	1	30	organization, to identify an adjusted claim.	S	NA		No	
Adjusted Repriced Line Item	121	Reference identification	AIN		50	Identification number of an adjusted repriced line item		IVA		140	
Reference Number	127	Reference Identification	AN	1	30	adjusted from an original amount.	s	Υ		No	
Adjustment Amount	782	Monetary Amount	R	1	18	Adjustment amount for the associated reason code.  Numeric quantity associated with the related reason	R	NA		No	
Adjustment Quantity	380	Quantity	R	1	15	code for coordination of benefits.	R	NA		No	
Adjustment Reason Code		Claim Adjustment Reason Code	ID	1	5	Code that indicates the reason for the adjustment.		CL		No	
Allowed Amount	782	Monetary Amount	R	1	18	The maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	R	NA		No	СОВ
Ambulance Transport Code	1316	Ambulance Transport Code	ID	1	1	Code indicating the type of ambulance transport.	s	Υ		No	Ambulan ce
Ambulance Transport Reason Code	1317	Ambulance Transport Reason Code	ID	1	1	Code indicating the reason for ambulance transport.  Identifier for Ambulatory Patient Group assigned to the	s	Υ		No	Ambulan ce
Ambulatory Patient Group Number	127	Reference Identification	AN	1	30	claim.	s	NA		No	
Amount Qualifier Code	522	Amount Qualifier Code	ID	1	3	Code to qualify amount.  Unit quantity for qualifying extenuating circumstances	s	Υ		No	
Anesthesia Modifying Units	380	Quantity	R	1	15	at time of service.	s	NA		No	

		T				T	1	1	T	1	1
Approved Amount	782	Monetary Amount	R	1	18	Amount approved.	s	NA		No	СОВ
						The Arterial Blood Gas test results breathing room air					
Arterial Blood Gas Quantity	380	Quantity	R	1	15	(furnish results of recent hospital tests).	S	NA		No	
						Number assigned for differentiation within a transaction					
Assigned Number	554	Assigned Number	N0	1	6	set.	R	NA		No	
						Date post-operative care was assumed by another					
Assumed or Relinquished Care Date	1251	Date Time Period	AN	1	35	,, , , , , , , , , , , , , , , , , , , ,	S	NA		No	
		l		_		Identification number of attachment related to the		L.	Needed if there are paper attachments to a		
Attachment Control Number	67	Identification Code	AN	2	80	claim.		М	claim.	No	
AU I I I I I I I I I I I I I I I I I I I	7				_	Code to specify the type of attachment that is related to			Needed if there are paper attachments to a	١.,	
Attachment Report Type Code	755	Report Type Code	ID	2		the claim.  Code defining timing, transmission method or format	S	Υ	claim.	No	
									Needed if there are namer attachments to a		
Attachment Transmission Code	756	Report Transmission Code	ID	1	-	by which an attachment report is to be sent or has been sent.	0	Υ	Needed if there are paper attachments to a claim.	No	
Attachment Transmission Code	750	Report Transmission Code	טו	- 1		been sent.	3	T	Ciairri.	INO	
Auto Accident State or Province Code	156	State or Province Code	ID	2	2	State or Province where auto accident occurred.	0	CL		No	
Auto Accident State of Province Code	130	State of Frovince Code	טו			State of Frontice where auto accident occurred.	3	CL		INO	
											M'care
Begin Therapy Date	1251	Date Time Period	AN	1	35	Date therapy begins.	9	NA		No	DMERC
Begin Therapy Bate	1201	Date Time Feriod	/\I\	- 1	- 00	A code showing whether the provider has a signed		IVA		140	DIVILITO
Benefits Assignment Certification		Yes/No Condition or				form authorizing the third party payer to pay the					
Indicator	1073	Response Code	ID	1	1	provider.	R	Υ		No	СОВ
Indicator	1070	Treepenee eede				Identifies another or additional distinguishing code	<u> </u>	<u> </u>		110	COB
Billing Provider Additional Identifier	127	Reference Identification	AN	1	30	number associated with the billing provider	s	NA		No	
J						Additional names or characters for the billing provider			This is only required if the name is over 35		
Billing Provider Additional Name	93	Name	AN	1	60		s	NA	characters.	No	
-						Address line of the billing provider or billing entity					
Billing Provider Address Line	166	Address Information	AN	1	55	address.	R	NA		Yes	
Billing Provider City Name	19	City Name	AN	2	30	City of the billing provider or billing entity	R	NA		Yes	
						Person at billing organization to contact regarding the					
Billing Provider Contact Name	93	Name	AN	1	60	billing transaction.	S	NA		No	
						Identification number for credit card processing for the					
Billing Provider Credit Card Identifier	127	Reference Identification	AN	1	30	billing provider or billing entity	S	NA		No	
Billing Provider First Name	1036	Name First	AN	1	25	First name of the billing provider or billing entity	S	NA		Yes	
						Identification number for the provider or organization in					
			l			whose name the bill is submitted and to whom payment					
Billing Provider Identifier	67	Identification Code	AN	2	80	should be made.	R	NA		Yes	
Billing Provider Last or Organizational	400-	Name Last or Organization				Last name or organization name of the provider billing					
Name	1035	Name	AN	1	35	or billing entity for services.	R	NA		Yes	
Dilling Dravidos Middle Norse	1007	None Middle		4	0.5	The middle name of the billion and the collins of the billion and the collins of	L	N I A		V	
Billing Provider Middle Name	1037	Name Middle	AN	1	25	The middle name of the billing provider or billing entity	R	NA		Yes	
Billing Broyider Name Suffix	1020	Name Suffix	AN	1	40	Suffix, including generation, for the name of the	L	NA		Yes	
Billing Provider Name Suffix Billing Provider Postal Zone or ZIP	1039	INAME SUMX	AIN	I	ıU	provider or billing entity submitting the claim.  Postal zone code or ZIP code for the provider or billing	K	INA		res	
Code	110	Postal Code	ID	3	15	lentity billing for services.	P	CL		Yes	
Code	110	li ostal code	טון	3	10	lentity pilling for services.	ĸ	UL	1	168	l

Billing Provider State or Province		<u> </u>				State or province for provider or billing entity billing for		
Code	156	State or Province Code	ID	2	2	Services.	Yes	
0000	100		10			Identification of line item bundled or unbundled by		
Bundled or Unbundled Line Number	554	Assigned Number	N0	1	6	Spayer in coordination of benefits.	No	
Danaida di Gilbanaida Emiditanibe.		Yes/No Condition or				Code indicating whether or not the condition codes	-110	
Certification Condition Indicator	1073	Response Code	ID	1	1	apply to the patient or another entity.	No	
Certification Period Projected Visit	10.0	. 100p000 00u0	-			approximation and the second s	-110	Home
Count	1470	Number	N0	1	ç	Total visits projected during this certification period.	No	Hlth
	1			-				
Certification Revision Date	1251	Date Time Period	AN	1	35	Date the certification was revised.	No	
Certification Type Code	1322	Certification Type Code	ID	1	1	Code indicating the type of certification S Y	No	
71		Claim Adjustment Group				Code identifying the general category of payment		
Claim Adjustment Group Code	1033	Code	ID	1	2	2 adjustment.	No	
,						Code identifying type of claim or expected adjudication		
Claim Filing Indicator Code	1032	Claim Filing Indicator Code	ID	1	2	process.  S Y	No	COB
	1					Code specifying the frequency of the claim. This is the		
						third position of the Uniform Billing Claim Form Bill		
Claim Frequency Code	1325	Claim Frequency Type Code	ID	1	1	I Type.	No	
. ,		. , , , .				Narrative text providing additional information related to This is for when you need to note additional		
Claim Note Text	352	Description	AN	1	80	s   NA   information.	No	
						Code indicating whether the transaction is a claim or		
Claim or Encounter Identifier	640	Transaction Type Code	ID	2	2	Preporting encounter information.	No	
Claim Original Reference Number	127	Reference Identification	AN	1	30	Number assigned by a processor to identify a claim. S NA	No	
						Unique tracking number for the transaction assigned by		
Clearinghouse Trace Number	127	Reference Identification	AN	1	30	ola clearinghouse.	No	
						The CLIA Certificate of Waiver or the CLIA Certificate		
						of Registration Identification Number assigned to the		
Clinical Laboratory Improvement						laboratory testing site that rendered the services on		
Amendment Number	127	Reference Identification	AN	1	30	this claim. S NA	No	
						Specifies the situation or category to which the code		
Code Category	1136	Code Category	ID	2	2	2 applies.	No	
Code List Qualifier Code	1270	Code List Qualifier Code	ID	1	3	Code identifying a specific industry code list. R Y	No	
						Complete communications number including country or This is the biller's phone/fax/e-mail/edi		
Communication Number	364	Communication Number	AN	1	80	area code when applicable R NA number.	Yes	
		Communication Number						
Communication Number Qualifier	365	Qualifier	ID	2	2	Code identifying the type of communication number R Y	No	
		Yes/No Condition or				A code to indicate whether the Patient's condition is		Spinal
Complication Indicator	1073	Response Code	ID	1	1	Complicated or Uncomplicated.	No	Manip
						Code(s) used to identify condition(s) relating to this bill		
Condition Code		Condition Indicator	ID	2		or relating to the patient.	No	
Condition Indicator	1321	Condition Indicator	ID	2	2	2 Code indicating a condition S Y	No	

		1	1			Code identifying the major duty or responsibility of the	1	1	T	1	
Contact Function Code	266	Contact Function Code	ID	2	-	person or group named.	Ь	Υ		No	
Contact Function Code	300	Contact Function Code	טו			person or group named.	N	1		INO	
Contract Amount	782	Monetary Amount	R	1	19	Fixed monetary amount pertaining to the contract	0	NA		Yes	
Contract Amount	102	Monetary Amount	I.	- 1	10	Code identifying the specific contract, established by	3	INA		168	
Contract Code	107	Reference Identification	AN	4	20			М		No	
Contract Code	127	Reference identification	AIN	- 1	30	the payer.	0	IVI		INO	
Contract Percentage	222	Percent	R	4	6	Percent of charges payable under the contract		NA		No	
Contract Type Code		Contract Type Code	ID	2		Code identifying a contract type		Y		No	
Contract Type Code	1100	Contract Type Code	טו			Identification of additional or supplemental contract	3	-		INO	
						provisions, or identification of a particular version or					
Contract Vargion Identifier	700	Version Identifier	A N I	4	20	modification of contract.		М		No	
Contract Version Identifier	799	version identilier	AN	1	30		0	IVI		No	
0- B 0t-t 0- d-	4007	0	ın	4		A code indicating the status of the co-payment				NI-	000
Co-Pay Status Code	1327	Copay Status Code	ID	1	1	requirements for this service.	5	Υ		No	COB
									This is associated colors the billade address:		
					_			۵.	This is required when the biller's address is	١	
Country Code	26	Country Code	ID	2	3	Code indicating the geographic location.	S	CL	outside the United States.	No	
							1				
Credit or Debit Card Authorization						Credit/Debit card authorization number used to					
Number	127	Reference Identification	AN	1	30	authorize use of card for payment for billed charges.	S	NA		No	
						Additional name information for the person or entity					
Credit or Debit Card Holder Additional						who has a credit card that could be used as payment			This is only required if the name is over 35		
Name	93	Name	AN	1	60	for the billed charges.	S	NA	characters.	No	
Credit or Debit Card Holder First						First name of the person or entity who has a credit card					
Name	1036	Name First	AN	1	25	that could be used as payment for the billed charges.	S	NA		No	COB
						Last name or organization name of the person or entity					
Credit or Debit Card Holder Last or		Name Last or Organization				who has a credit card that could be used as payment					
Organizational Name	1035	Name	AN	1	35	for the billed charges.	S	NA		No	COB
						Middle name of the person or entity who has a credit					
Credit or Debit Card Holder Middle						card that could be used as payment for the billed					
Name	1037	Name Middle	AN	1	25	charges.	S	NA		No	COB
						Name suffix of the person or entity who has a credit					
Credit or Debit Card Holder Name						card that could be used as payment for the billed					
Suffix	1039	Name Suffix	AN	1	10	charges.	S	NA		No	COB
Credit or Debit Card Maximum											
Amount	782	Monetary Amount	R	1	18	Dollar limit for a credit or debit card	S	NA		No	COB
		,				Credit/Debit card number that may be used to pay for					
Credit or Debit Card Number	67	Identification Code	AN	2	80	billed charges.	S	NA		No	COB
						Code for country in whose currency the charges are	Ť			1	
Currency Code	100	Currency Code	ID	3	3	specified.	S	CL	Only needed for foreign currency.	No	
	1		T				Ť	Ť	, , , , , , , , , , , , , , , , , , , ,		
							1				
		Date Time Period Format				Code indicating the date format, time format, or date			Required when the patient is the same as		
Date Time Period Format Qualifier	1250	Qualifier	ID	2	2	and time format	9	Υ	the subscriber.	No	
Date Time I chou I office Qualifier	1200	Quaimei	טון		J	and time format	J	<u>'</u>	uic aubacilbei.	INO	

	1	T	1 1				1	
						Code specifying the type of date or time or both date		
Date Time Qualifier	374	Date/Time Qualifier	ID	3	3	and time.	No	
					_			
Delay Reason Code	1514	Delay Reason Code	ID	1	2	Code indicating the reason why a request was delayed. S Y	No	
Dalissan Dattaua Tima Cada	070	Ship/Delivery Pattern Time	ı.		4	Code which specifies the time delivery pattern of the services	NI-	Home
Delivery Pattern Time Code	679	Code	ID	1	1	services S Y	No	Hlth
						Identification number for a Medicare demonstration Y/		Demo
Demonstration Project Identifier	127	Reference Identification	AN	1	30	project.   S   NA	No	Projects
	·	. tors.onco.tuertumeutien	1			An ICD-9-CM Diagnosis Code identifying a diagnosed	1.10	. rejecte
Diagnosis Code	1271	Industry Code	ΑN	1	30	R M   ICD-9 required	Yes	
						A pointer to the claim diagnosis code in the order of		
Diagnosis Code Pointer		Diagnosis Code Pointer	N0	1		importance to this service R Y	No	
Diagnosis Type Code	1270	Code List Qualifier Code	ID	1	3	Code identifying the type of diagnosis.	No	
						The beginning date the patient, in the provider's		
D: 133 E D 1	1051	D . T. D			0.5	opinion, was or will be unable to perform the duties	١.,	
Disability From Date	1251	Date Time Period	AN	1	35	normally associated with his/her work.  S NA	No	
						The ending date the patient, in the provider's opinion, will be able to perform the duties normally associated		
Disability To Date	1251	Date Time Period	AN	1	35	with his/her work.  S NA	No	
Disability To Date	1201	Date Time I chod	711		33	With Higher Work.	140	Home
Discipline Type Code	921	Discipline Type Code	ID	2	2	Code indicating discipline(s) ordered by the physician. S Y	No	Hlth
J. P. S. P.		, , , , , , , , , , , , , , , , , , ,				Length of time durable medical equipment (DME) is		
Durable Medical Equipment Duration	380	Quantity	R	1	15	s needed.	No	DME
						The unit (month, week, etc.) over which home health		
						visits occur. Example: One visit every three days for 21		
						days. This element qualifies that the data is		
			l		_	communicating that the one visit every three days		Home
Duration of Visits Units	615	Time Period Qualifier	ID	1	2	coccurs over a duration of days.	No	Hlth
						The number of units (month, week, etc.) over which		
						home health visits occur. Example: One visit every three days for 21 days. This element indicates that the		
						data is communicating that the one visit every three		Home
Duration of Visits, Number of Units	616	Number of Periods	N0	1	3	B days occurs over a duration of days.	No	Hlth
Baration of Visits, Namber of Offits	010	Transcr of Ferrous	140			An indicator of whether or not emergency care was	140	11101
						rendered in response to the sudden and unexpected		
						onset of a medical condition, a severe injury, or an		
		Yes/No Condition or				acute exacerbation of a chronic condition which was		
Emergency Indicator	1073	Response Code	ID	1	1	threatening to life, limb or sight.	No	
End Stage Renal Disease Payment						Amount of payment under End Stage Renal Disease		
Amount	782	Monetary Amount	R	1	18	Benefit. S NA	No	

						Code identifying an organizational entity, a physical					
Entity Identifier Code	QQ.	Entity Identifier Code	ID	2	-	location, property or an individual	Ь	Υ		No	
Entity Identifier Code	90	Entity Identifier Code	טו			location, property or an individual		. 1		NO	
Entity Type Qualifier	1065	Entity Type Qualifier	ID	1	1	Code qualifying the type of entity	R	Υ		No	
EPSDT Indicator	1073	Yes/No Condition or Response Code	ID	1	1	An indicator of whether or not Early and Periodic Screening for Diagnosis and Treatment of children services are involved with this detail line.	S	NΑ		Yes	
Estimated Birth Date	1251	Date Time Period	AN	1	35	Date delivery is expected.	s	NΑ	For a pregnancy.	No	
Exception Code	1527	Exception Code	ID	1	2	Exception code generated by the Third Party Organization.		Υ		No	
						Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard					
Facility Type Code	1331	Facility Code Value	AN	1	2	Format.		Y		No	
Family Diameter Indicates	4070	Yes/No Condition or	I.	4		An indicator of whether or not Family Planning Services				NI-	
Family Planning Indicator	1073	Response Code	ID	1	1	are involved with this detail line.  Data in fixed format agreed upon by sender and	5	Υ		No	
Fixed Format Information	449	Fixed Format Information	AN	1	80	receiver	s	NΑ	Not used at this time.	No	
Form Identifier		Industry Code	AN	1		Letter or number identifying a specific question.		M		No	
Frequency Count	1167	Sample Selection Modulus	R	1		The count of the frequency units of home health visits. Example: One visit every three days for 21 days. This element indicates that the data is communicating that the one visit occurs at three day intervals.	s	NΑ		No	Home Hlth
Eroguepou Poriod	255	Unit or Basis for Measurement Code	ID	2	,	The units specifying the frequency of home health visits (e.g., days, months, etc.) Example: One visit every three days for 21 days. This element qualifies that the data is communicating that the one visit occurs at a frequency of days.		NΑ		No	Home Hith
Frequency Period	333	mcasurement code	טו			at a requerity of days.	3	INA		140	M'care Outpatie
HCPCS Payable Amount	782	Monetary Amount	R	1	18	Amount due under Medicare HCPCS system.	S	NΑ	<b>\</b>	No	nt
Hierarchical Child Code	736	Hierarchical Child Code	ID	1	1	Code indicating if there are hierarchical child data segments subordinate to the level being described.	R	Y		No	
Hierarchical ID Number	628	Hierarchical ID Number	AN	1	12	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.  Code defining the characteristic of a level in a	R	NΑ		No	
Hierarchical Level Code	735	Hierarchical Level Code	ID	1	2	hierarchical structure.	R	Υ		No	

T I							dentification number of the next higher hierarchical					
	ı,	Hierarchical Parent ID					definition number of the flext higher hierarchical data segment that the data segment being described is					
Hierarchical Parent ID Number 73		Number	AN	1	١.		subordinate to.		NA		No	
Theratchical Falent ID Number 73	J4 I	Number	AIN			12	subordinate to.	r	INA		INO	
						ı,	Code indicating the hierarchical application structure of					
							a transaction set that utilizes the HL segment to define					
Hierarchical Structure Code 100	15 1	Hierarchical Structure Code	ID	1			he structure of the transaction set	Ь	Υ		No	
		Condition Indicator	ID	2			A code indicating whether a patient is homebound.		Y		No	
Tiomebound indicator 132	211	Condition indicator	טו				An indicator of whether or not the treatment in the	9	'		INO	
	,	Yes/No Condition or					Hospice was rendered by a Hospice employed					
Hospice Employed Provider Indicator 107		Response Code	ID	1			provider.	0	NA		No	Hospice
Prospice Employed Provider indicator 107	/ 3	Response Code	טו			-	Diovider.	3	INA		INO	Hospice
						ı,	Code designating the system/method of code structure					
Identification Code Qualifier	20 1	Identification Code Ovalifies	ın	4				L	Υ		No	
Identification Code Qualifier 6	ו סכ	Identification Code Qualifier	ID	1			used for Identification Code (67)	ĸ	Ť		INO	Inc. mar. uni =
		D (			Ι,		The manufacturer's lot number for vaccine used in					Immuniz
Immunization Batch Number 12	27 1	Reference Identification	AN	1	,		mmunization.	S	NA		No	ations
L E : L ID L E L : O L				_			Code indicating the relationship between two			D''' ( " ' CTDAG		
Individual Relationship Code 106	59 I	Individual Relationship Code	ID	2			ndividuals or entities	+		Differs from the information in CTRAC	No	
	_		١		١.		Date that the patient initially sought treatment for this					
		Date Time Period	AN	1			condition.		NA		No	000
Insurance Type Code 133	36 I	Insurance Type Code	ID	1			Code identifying the type of insurance.	_	Υ		No	COB
	_		l l				Name of the group or plan through which the insurance					
Insured Group Name 9	1 86	Name	AN	1	(		s provided to the insured.	S	NA		Yes	COB
							The identification number, control number, or code					
							assigned by the carrier or administrator to identify the	l_				
Insured Group or Policy Number 12	27 I	Identification Code	AN	2	8	80	group under which the individual is covered.	S	NA		No	COB
Insured Individual Death Date 125	51 E	Date Time Period	AN	1	,	35	Date of death for subscriber or dependent.	S	NA		No	COB
Investigational Device Exemption							Number or reference identifying exemption assigned to					
Identifier 12	27 F	Reference Identification	AN	1	,	_	an ivestigational device referenced in the claim.	S	NA		No	
							Address line of the laboratory or facility performing					
							ests billed on the claim where the health care service					
Laboratory or Facility Address Line 16	66 <i>A</i>	Address Information	AN	1			was performed/rendered.	R	NA		Yes	
							City of the laboratory or facility performing tests billed					
							on the claim where the health care service was					
Laboratory or Facility City Name 1	19 (	City Name	AN	2	<u> </u> ;		performed/rendered.	R	NA		Yes	
						T	Name of laboratory or other facility performing					
	1	Name Last or Organization					_aboratory testing on the claim where the health care					
Laboratory or Facility Name 103	35	Name	AN	1	_ ;	35	service was performed/rendered.	R	NA		Yes	
						T						
						Į,	Additional name information identifying the laboratory					
Laboratory or Facility Name Additional						ŀ	or facility performing tests billed on the claim where the			This is only required if the name is over 35		
Text 9	1 86	Name	AN	1	(	60	nealth care service was performed/rendered.	S	NA	characters.	No	
						Ţ	Postal ZIP or zonal code of the laboratory or facility					
Laboratory or Facility Postal Zone or						J	performing tests billed on the claim where the health		CL			

		1	1			Identification number of laboratory or other facility	1	1		1	
						performing laboratory testing on the claim where the					
Laboratory or Facility Primary Identifier	67	Identification Code	AN	2	90	health care service was performed/rendered.	Ь	NA		No	
Laboratory of Facility Filmary Identifier	07	Identification Code	AIN		00	Additional identifier for the laboratory or facility	г	INA		INO	
Laboratory or Facility Secondary						performing tests billed on the claim where the health					
	107	Deference Identification	AN	1	20		s	NA		No	
Identifier	127	Reference Identification	AIN	1	30	care service was performed/rendered.	_	INA		No	
Laboratori da Facilita Otata da						State or province of the laboratory or facility performing					
Laboratory or Facility State or	4-0				_	tests billed on the claim where the health care service		01			
Province Code	156	State or Province Code	ID	2	2	was performed/rendered.	R	CL		Yes	
											M'care
Last Certification Date	1251	Date Time Period	AN	1	35	The date of the last certification.	S	NA		No	DMER
Last Manatrual Pariod Data	1051	Date Time Period	AN	4	25	The date of the last manetrual period (LMD)	0	NA		No	
Last Menstrual Period Date	1251	Date Time Period	AIN	1	აე	The date of the last menstrual period (LMP).	0	INA		No	
						Date the patient was last seen by the referring or					
	4054	D . T. D		_	0.5	ordering physician for a claim billed by a provider					
Last Seen Date	1251	Date Time Period	AN	1	35	whose services require physician certification.	S	NA		No	
						Date patient last worked at the patient's current				l	
Last Worked Date	1251	Date Time Period	AN	1	35	occupation	S	NA		No	
=											
Last X-Ray Date	1251	Date Time Period	AN	1	35	Date patient received last X-Ray.	S	NA		No	
Line Item Charge Amount	782	Monetary Amount	R	1	18	Charges related to this service.	R	NA		No	
						Identifier assigned by the submitter/provider to this line					
Line Item Control Number	127	Reference Identification	AN	1	30	item.		NA		No	
						Narrative text providing additional information related to					
Line Note Text	352	Description	AN	1	80	the service line.	S	NA		No	
						HCFA assigned Certification Number of the certified					Mammo
Mammography Certification Number	127	Reference Identification	AN	1	30	mammography screening center	S	NA		No	gram
						Code identifying a specific product or process					
Measurement Qualifier	738	Measurement Qualifier	ID	1	3	characteristic to which a measurement applies	S	Υ		No	
Measurement Reference Identification		Measurement Reference ID				Code identifying the broad category to which a					
Code	737	Code	ID	2	2	measurement applies	S	Υ		No	
						A unique number assigned to patient by the provider to					
Medical Record Number	127	Reference Identification	AN	1	30	assist in retrieval of medical records.	S	NA	Used at discretion of submitter.	No	
									Always Required for professional billings.		
		Provider Accept Assignment				An indication, used by Medicare or other government	R	/	Situational for dental and institutional		
Medicare Assignment Code		Code	ID	1	1	programs, that the provider accepted assignment.	S	Υ	billings.	No	
Medicare Section 4081 Indicator	127	Reference Identification	AN	1	30	Code indicating Medicare Section 4081 applies.	S	Υ	This is only completed by Medicare.	No	COB
						Number of treatments rendered in the month of					Spinal
Monthly Treatment Count	380	Quantity	R	1	15	service.	S	NA		No	Manip
Non-Payable Professional Component						Amount of non-payable charges included in the bill					
Billed Amount	782	Monetary Amount	R	1	18	related to professional services.	S	NA		No	COB
						Code identifying the functional area or purpose for					
Note Reference Code	363	Note Reference Code	ID	3	3	which the note applies.	S	Υ		No	
						The number of home health visits. Example: One visit	T	1			
						every three days for 21 days. This element indicates					
						that the data is communicating the number of visits,					Home
Number of Visits	380	Quantity	R	1	15	i.e., one.	s	NA		No	Hith
	- 550	1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	۱۰,	• • •		, ss.		11 47 1			1 116.1

		1				T	1	1	T	1 1	
Onset Date	1251	Date Time Period	AN	1	35	Date of onset of indicated patient condition.	s	NA		No	
Onset of Current Illness or Injury Date	1251	Date Time Period	AN	1	35	Date of onset of indicated patient condition.	s	NA		No	
Order Date	1251	Date Time Period	AN	1	35	Date the service(s) was ordered.	s	NA		No	
Ordering Provider Address Line	166	Address Information	AN	1	55	Address line of the provider ordering services for the patient.	s	NA		No	
Ordering Provider City Name	19	City Name	AN	2	30	City of provider ordering services for the patient	s	NA		No	
						Contact person to whom inquiries should be directed at					
Ordering Provider Contact Name	93	Name	AN	1	60	the provider ordering services for the patient.  The first name of the provider who ordered or	S	NA		No	
Ordering Provider First Name	1036	Name First	AN	1	25	prescribed this service.  The identifier assigned by the Payer to the provider	S	NA		No	
Ordering Provider Identifier	67	Identification Code	AN	2	80	who ordered or prescribed this service.	s	NA		No	
Ordering Provider Last Name	1035	Name Last or Organization Name	AN	1	35	The last name of the provider who ordered or prescribed this service.	s	NA		No	
Ordering Provider Middle Name	1037	Name Middle	AN	1	25	Middle name of the provider ordering services for the patient.	s	NA		No	
Ordering Provider Name Additional Text		Name	AN	1		Additional name infromation for the provider ordering services for the patient.			This is only required if the name is over 35 characters.	No	
Ordering Provider Name Suffix		Name Suffix	AN	1		Suffix to the name of the provider ordering services for the patient.		NA		No	
Ordering Provider Postal Zone or ZIP Code		Postal Code	ID	3		Postal ZIP code of the provider ordering services for the patient.	s	CL		No	
Ordering Provider Secondary Identifier	127	Reference Identification	AN	1	30	Additional identifier for the provider ordering services for the patient.	s	NA		No	
Ordering Provider State Code	156	State or Province Code	ID	2	2	The State Postal Code of the provider who ordered / prescribed this service.	s	CL		No	
Originator Application Transaction Identifier	127	Reference Identification	AN	1	30	An identification number that identifies a transaction within the originator's applications system.	R	NA		No	
Other Insured Additional Identifier	127	Reference Identification	AN	1	30	Number providing additional identification of the other insured.	s	NA		No	СОВ
Other Insured Additional Name	93	Name	AN	1	60	Additional name information for the other insured.	s	NA	This is only required if the name is over 35 characters.	No	СОВ
Other Insured Address Line		Address Information	AN	1		Address line of the additional insured individual's mailing address.	s	NA		No	СОВ
Other Insured Birth Date	1251	Date Time Period	AN	1		The birth date of the additional insured individual.	s	NA		No	СОВ
Other Insured City Name	19	City Name	AN	2	30	The city name of the additional insured individual.	s	NA		No	COB
Other Insured First Name	1036	Name First	AN	1	25	The first name of the additional insured individual.	s	NA		No	СОВ
Other Insured Gender Code	1068	Gender Code	ID	1	1	A code to specify the sex of the additional insured individual.		Υ		No	СОВ
Other Insured Group Name	93	Name	AN	1	60	Name of the group or plan through which the insurance is provided to the other insured.		NA		No	СОВ

	ı		1			Т	1	1		1 1	
						An identification number, assigned by the third party					
Other Insured Identifier	67	Identification Code	AN	2	80	payer, to identify the additional insured individual.	s	NA		No	COB
		Name Last or Organization									
Other Insured Last Name	1035	Name	AN	1	35	The last name of the additional insured individual.	S	NA		No	COB
Other Incured Middle Name	1007	Name Middle	A N I	4	25	The middle name of the additional incomed individual		NA		Na	COD
Other Insured Middle Name	1037	Name Middle	AN	1	20	The middle name of the additional insured individual.  The suffix to the name of the additional insured	0	INA		No	COB
Other Insured Name Suffix	1039	Name Suffix	AN	1	10	individual.	s	NA		No	СОВ
Other Insured Postal Zone or ZIP	1000		,			The Postal ZIP code of the additional insured	Ť				002
Code	116	Postal Code	ID	3	15	individual's mailing address.	s	CL		No	COB
						The state code of the additional insured individual's					
Other Insured State Code	156	State or Province Code	ID	2	2	mailing address.	S	CL		No	COB
						Additional name information for the other payer			This is only required if the name is over 35		
Other Payer Additional Name Text	93	Name	AN	1	60	organization.	S	NA	characters.	No	COB
Other Payer Claim Adjustment	107	Deference Identification	A N I	4	20	Indicates the other payer has made a previous claim		Υ		Na	COD
Indicator	127	Reference Identification	AN	1	3(	adjustment to this claim.	0	Ť		No	COB
Other Payer Contact Name	93	Name	AN	1	60	Name of other payer contact.	s	NA		No	СОВ
other rayer contact rame	- 00	T tame	7.11		- 00	Amount determined by other payer to be covered for				110	005
Other Payer Covered Amount	782	Monetary Amount	R	1	18	the claim for coordination of benefits.	s	NA		No	СОВ
,						Amount determined by other payer to be subject to					
Other Payer Discount Amount	782	Monetary Amount	R	1	18	discount provisions.	S	NA		No	COB
						The non-destination (COB) payer's identification					
Other Payer Identification Number	67	Identification Code	AN	2	80	number.	S	NA		No	COB
Other Payer Last or Organization	4005	Name Last or Organization			0.5	The second of the other second control of				NI-	000
Name	1035	Name	AN	1	35	The name of the other payer organization.	S	NA		No	COB
Other Payer Patient Paid Amount	782	Monetary Amount	R	1	1.9	Amount reported by other payer as paid by the patient	9	NA		No	СОВ
Other rayer rationer and randant	702	Monetary Amount	1		- 10	The non-destination (COB) payer's patient primary	Ť	1 4/ (		140	000
Other Payer Patient Primary Identifier	67	Identification Code	AN	2	80	identification number.	s	NA		No	СОВ
Other Payer Patient Responsibility						Amount determined by other payer to be the amount					
Amount	782	Monetary Amount	R	1	18	owed by the patient.	S	NA		No	COB
Other Payer Patient Secondary						The non-destination (COB) payer's patient secondary					
Identifier	127	Reference Identification	AN	1	30	identification number(s).	S	NA		No	COB
Other Dever Dev Dev Limit Amerint	700	Manatan, Amaunt	_	_	4.0	Amount determined by other payer to be the maximum		NA		Na	СОВ
Other Payer Per Day Limit Amount Other Payer Pre-Tax Claim Total	782	Monetary Amount	R	1	16	payable per day under the contract.  Total claim amount before applying taxes as reported	0	INA		No	COB
Amount	782	Monetary Amount	R	1	18	by other payer.	S	NA		No	СОВ
Amount	702	Monetary Amount	1		- 10	by other payor.	Ť	1 4/ (		140	000
Other Payer Primary Identifier	67	Identification Code	AN	2	80	An identification number for the other payer.	S	NA		No	СОВ
Other Payer Prior Authorization or						The non-destination (COB) payer's claim line level prior	•				
Referral Number	127	Reference Identification	AN	1	30	authorization or referral number.	S	NA		No	COB
Other Payer Purchased Service	,				_	The non-destination (COB) payer's purchased service					
Provider Identifier	127	Reference Identification	AN	1	30	provider identifier.	S	NA		No	COB
Other Payer Referring Provider	407	Deference Identification	A N I		20	The non-destination (COB) payer's referring provider		NIA		l Na	COP
Identifier Other Payer Rendering Provider	127	Reference Identification	AN	1	30	identifier. The non-destination (COB) payer's rendering provider	S	NA		No	COB
Secondary Identifier	127	Reference Identification	AN	1	30	lidentifier.	9	NA		No	СОВ
occondary identifier	127	rvererence identification	AIN	I	J	lucitulici.	J	INA		INU	COB

							1	1		1	1
Other Payer Secondary Identifier	127	Reference Identification	AN	1	30	Additional identifier for the other payer organization	s	NA		No	СОВ
Other Payer Service Facility Location				-		The non-destination (COB) payer's service facility	Ť				
Identifier	127	Reference Identification	AN	1	30	location identifier.	S	NA		No	COB
Other Payer Supervising Provider						The non-destination (COB) payer's supervising					
Identifier	127	Reference Identification	AN	1	30	provider identifier.	S	NA		No	COB
						Amount of taxes related to the claim as determined By					
Other Payer Tax Amount	782	Monetary Amount	R	1		other payer.	S	NA		No	COB
Oxygen Flow Rate	127	Reference Identification	AN	1	30	The oxygen flow rate in liters per minute.	S	Υ		No	
											Home
Oxygen Saturation Quantity	380	Quantity	R	1	15	The oxygen saturation (oximetry) test results.	S	Υ		No	Hlth
Oxygen Saturation Test Date	1251	Date Time Period	AN	1	35	Date patient received oxygen saturation test.	S	NA		No	
						Code indicating the conditions under which a patient					Home
Oxygen Test Condition Code	1349	Oxygen Test Condition Code	ID	1	1	was tested.	S	Υ		No	Hlth
						Code indicating the findings of oxygen tests performed					Home
Oxygen Test Findings Code	1350	Oxygen Test Findings Code	ID	1	1	on a patient.	S	Υ		No	Hlth
						Units of service paid by the payer for coordination of					
Paid Service Unit Count	380	Quantity	R	1	15	benefits.	S	NA		No	
	4000					Code indicating a participating claim submitted by a		. ,		١	
Participation Agreement	1360	Provider Agreement Code	ID	1	1	non-participating provider.	S	Υ		No	
						Unique identification number assigned by the provider					
B // (A)	4000					to the claim patient to facilitate posting of payment				١.,	
Patient Account Number	1028	Claim Submitter's Identifier	AN	1	38	information and identification of the billed claim.	К	NA	This is substantial if the course is soon of	No	
Dationt Additional Name	00	Name		4	00	Additional name information for the nations		NIA	This is only required if the name is over 35	Na	
Patient Additional Name	93	Name	AN	1	60	Additional name information for the patient.	5	NA	characters.	No	
Patient Address Line	100	Address Information	AN	4		Address line of the street mailing address of the patient.	Ь	NA		Yes	
Patient Address Line	100	Address information	AIN	ı	55	The amount the provider has received from the patient	ĸ	NA		res	
Patient Amount Paid	702	Monetary Amount	R	4	10	(or insured) toward payment of this claim.	0	NA		Yes	
Patient Amount Palu	102	Monetary Amount	К	- '	10	(or insured) toward payment or this daim.	0	INA		168	
Patient Birth Date	1251	Date Time Period	AN	1	35	Date of birth of the patient.	Ь	NA		Yes	
i atient birtii bate	1231	Date Time Feriod	\(\triangle \)		33	Date of billing of the patient.	11	INA		163	
Patient City Name	10	City Name	AN	2	30	The city name of the patient.	P	NA		Yes	
1 attent only Name	13	Oity Ivailie	/\.\\		50	The dity hame of the patient.	11	IVA		103	Spinal
Patient Condition Code	1342	Nature of Condition Code	ID	1	1	Code indicating the condition of the patient.	R	Υ		No	Manip
T duone conductin code	1042	rtataro er conataer coac	10	'		code indicating the condition of the patient.	Ť	Ė		110	Spinal
Patient Condition Description	352	Description	AN	1	80	Free-form description of the patient's condition.	R	NA		No	Manip
Tation Condition Becomption	002	Becompacit	, ,			1 ree form decomption of the patients contained.	Ť	, .		110	mamp
Patient Death Date	1251	Date Time Period	AN	1	35	Date of the patient's death.	s	NA		Yes	
						The first name of the individual to whom the services	Ť				
Patient First Name	1036	Name First	AN	1	25	were provided.	R	NA		Yes	
		Gender Code	ID	1	1	A code indicating the sex of the patient.	R			Yes	
		Name Last or Organization				The last name of the individual to whom the services					
Patient Last Name	1035	Name	AN	1	35	were provided.	R	NA		Yes	
						The middle name of the individual to whom the	1				
Patient Middle Name		Name Middle	AN		~-	services were provided.	1_	NA		Yes	
Patient Last Name	1035	Name Last or Organization Name	AN		35	A code indicating the sex of the patient. The last name of the individual to whom the services were provided. The middle name of the individual to whom the	R	NA		Yes	

Г		T		- 1		Suffix to the name of the individual to whom the	1		Т	1	
Patient Name Suffix	1020	Name Suffix	AN	1	10	services were provided.	Ь	NA		Yes	
Patient Postal Zone or ZIP Code		Postal Code	ID	3		The ZIP Code of the patient.		CL		Yes	
Patient Fostal Zone of ZiF Code	110	Fosial Code	טו	J	13	The Zir Code of the patient.	ı	CL		165	
Patient Primary Identifier	67	Identification Code	AN	2	80	Identifier assigned by the payer to identify the patient	R	NA		No	
- attent minary racination	- 01	ruomanourour o o u o	7	_		Additional identifier assigned to the patient by the	<u> </u>			110	
Patient Secondary Identifier	127	Reference Identification	AN	1	30	payer.	s	NA		No	
,						Code indication how the patient/subscriber					
		Patient Signature Source				authorization signatures were obtained and how they					
Patient Signature Source Code	1351	Code	ID	1	1	are being retained by the provider.	S	Υ		No	
Patient State Code	156	State or Province Code	ID	2	2	The State Postal Code of the patient.	R	CL		Yes	
Patient Weight	81	Weight	R	1	10	Weight of the patient at time of treatment or transport.	S	NA		No	
Payer Additional Identifier	127	Reference Identification	AN	1	30	Additional identifier for the payer.	S	NA		No	
			1						This is only required if the name is over 35		
Payer Additional Name	93	Name	AN	1	60	Additional name information for the payer.	S	NA	characters.	No	
						Address line of the Payer's claim mailing address for					
Dever Address Line	400	Address Information		4		this particular payer organization identification and		NA		Vaa	
Payer Address Line	166	Address Information	AN	1	55	claim office.	0	INA		Yes	
						The City Name of the Payer's claim mailing address for					
Payer City Name	10	City Name	AN	2	30	this particular payer ID and claim office.	0	NA		Yes	
rayer City Name	19	City Name	AIN		30	triis particular payer 1D and claim onice.	3	INA		165	
Payer Identifier	67	Identification Code	AN	2	80	Number identifying the payer organization.	R	NA		Yes	
1 ayer identifier	- 07	Name Last or Organization	711		- 00	Number identifying the payer organization.	1 \	INA		103	
Payer Name	1035	Name	AN	1	35	Name identifying the payer organization.	R	NA		Yes	
	1000		1	·		reme recompany are payer enganeers	1				
Payer Paid Amount	782	Monetary Amount	R	1	18	The amount paid by the payer on this claim.	s	NA		Yes	
		,				The ZIP Code of the Payer's claim mailing address for					
						this particular payer organization identification and					
Payer Postal Zone or ZIP Code	116	Postal Code	ID	3	15	claim office.	S	CL		Yes	
Payer Responsibility Sequence		Payer Responsibility				Code identifying the insurance carrier's level of					
Number Code	1138	Sequence Number Code	ID	1	1	responsibility for a payment of a claim	R	Υ		No	COB
						State Postal Code of the Payer's claim mailing address					
				_		for this particular payor organization identification and					
Payer State Code	156	State or Province Code	ID	2	2	claim office.	S	CL	T	Yes	
D / D :   A						Additional name information for the provider to receive			This is only required if the name is over 35		
Pay-to Provider Additional Name	93	Name	AN	1	60	payment.	S	ΝA	characters.	No	
Pay to Provider Address Line	460	Address Information	A N I	4	EE	Address line of the provider to receive neumant	6	NA		Yes	
Pay-to Provider Address Line	100	Address Information	AN	- 1	55	Address line of the provider to receive payment	3	INA		168	
Pay-to Provider City Name	10	City Name	AN	2	30	City name of the provider to receive payment.	9	NA		Yes	
1 dy to 1 lovider Oity Name	19	Ony Ivanic	/AIN	۷	50	Transcording provider to receive payment.	-	11/7		100	
Pay-to Provider First Name	1036	Name First	AN	1	25	First name of the provider to receive payment.	S	NA		Yes	
	1000		/ !! *	- '		Identification number for the provider or organization	۲	1 77 1			
Pay-to Provider Identifier	67	Identification Code	AN	2	80	that will receive payment.	s	NA		Yes	
- ,	+		1			Identification number for the provider or organization	Ť	<del>                                     </del>			
						fluentinication number for the provider of organization				1	

Pay-to Provider Last or Organizational		Name Last or Organization				Last or organizational name of the provider to receive	1	1	-	
Name	1035	Name	AN	1	35	payment.	9	NA		Yes
Name	1033	Name	ΛIN	- '	55	payment.	-	IVA	\	103
Pay-to Provider Middle Name	1037	Name Middle	AN	1	25	The middle name of the pay-to provider.	0	NA		Yes
1 ay-to 1 lovider middle mairie	1037	Name Middle	ΛIN	- '	20	The suffix, including generation, of the provider that	-	INA		165
Day to Dravidar Name Cuffix	1020	Name Suffix	AN	4	40	l		NA		Yes
Pay-to Provider Name Suffix	1039	Name Sumx	AIN	- 1	10	will receive payment.	0	INA		res
Pay-to Provider Postal Zone or ZIP	440	D4-1 O- 4-	ın.	_	4-	D4-1 71D4				
Code		Postal Code	ID	3		Postal ZIP code of the provider to receive payment		CL		Yes
Pay-to Provider State Code	156	State or Province Code	ID	2	2	State of the provider to receive payment.	S	CL	,	Yes
I						The code that identifies where the service was	1_			
Place of Service Code		Facility Code Value	AN	1		performed.		Υ		No
Policy Compliance Code	1526	Policy Compliance Code	ID	1	2	The code that specifies policy compliance.	S	Υ		No
						Cost of postage used to provide service or to process				
Postage Claimed Amount	782	Monetary Amount	R	1	18	associated paper work.	S	NA		No
		Yes/No Condition or								
Pregnancy Indicator	1073	Response Code	ID	1	1		S	Υ		No
						The date the prescription was issued by the referring				
Prescription Date	1251	Date Time Period	ΑN	1	35	physician.	S	NA	.	Yes
,						The unique identification number assigned by the	T			
Prescription Number	127	Reference Identification	AN	1	30	pharmacy or supplier to the prescription.	s	NA		Yes
pro	1					Pricing methodology at which the claim or line item has	Ť			
Pricing Methodology	1473	Pricing Methodology	ID	2	2	been priced or repriced.		Υ		No
Thomas wicarodology	1470	Thomg Wethedolegy	10			proced of reprioed.	۲	+		140
						A number, code or other value that indicates the				
						services provided on this claim have been authorized				
						by the payee or other service organization, or that a				
Dries Authorization or Deformal Number	407	Deference Identification		_	20			NIA.		Na
Prior Authorization or Referral Number	127	Reference Identification	AN	1	30	referral for services has been approved.	0	NA		No
5		D 1 1/0 1 1D	١							
Procedure Code	234	Product/Service ID	AN	1	48	Code identifying the procedure, product or service.	R	CL	,	Yes
						Description clarifying the Product/Service Procedure	1_			
Procedure Code Description	352	Description	AN	1	80	Code and related data elements.	S	NA	\	Yes
						This identifies special circumstances related to the				
Procedure Modifier	1339	Procedure Modifier	AN	2	2	performance of the service.	S	Υ		No
						Code identifying the type/source of the descriptive		/ CL	/	
Product or Service ID Qualifier	235	Product/Service ID Qualifier	ID	2	2	number used in Product/Service ID (234).	S	Υ		No
						Identification number for property casualty claim				
Property Casualty Claim Number	127	Reference Identification	ΑN	1	30	associated with the services identified on the bill.	S	NA		No
							R	/		
Provider Code	1221	Provider Code	ID	1	3	Code identifying the type of provider.	S	Υ		No
		İ				An indicater that the provider of service reported on	T	1		
						this claim acknowledges the performance of the				
Provider or Supplier Signature		Yes/No Condition or				service and authorizes payment, and that a signature is				
Indicator	1073	Response Code	ID	1	1	on file in the provider's office.		Υ		No
maioatoi	1070	Treatment code	٦.			Code designating the provider type, classification, and	+`	÷		
Provider Taxonomy Code	127	Reference Identification	AN	1	30	specialization.	0	CL		No
1 TO VIGET TAXOHOLINY COUR	121	TOTOTOL IDETILITION	/\(\mathbf{N}\)	'	50	opeoidiseation.	-	OL		140
Burchased Service Charge America	700	Monotony Amount	R	4	40	The charge for the purchased convice	0	NA		No
Purchased Service Charge Amount	102	Monetary Amount	r	ı,	10	The charge for the purchased service.	S	INA		INU

	1	T	1 1			The provider pumpher of the entity from which coming	1	1	T	
Purchased Service Provider Identifier	67	Reference Identification	AN	4	20	The provider number of the entity from which service was purchased.	c	NA		No
Purchased Service Provider Identiller	67	Reference identification	AIN	1	30	was purchased.	0	INA		INO
Purchased Service Provider Identifier	127						0	NA		No
Purchased Service Provider Identifier	127						0	INA		INO
Durch and Coming Durvides Name	4005	Name Last or Organization		4	2.5	The many of the many data of the many hand a series				NI-
Purchased Service Provider Name	1035	Name	AN	1	35	The name of the provider of the purchased service.	S	NA		No
Purchased Service Provider			1			Additional identifier for the provider of purchased		l		
Secondary Identifier	127	Reference Identification	AN	1	30	services.	S	NA		No
Quantity Qualifier	673	Quantity Qualifier	ID	2	2	Code specifying the type of quantity	S	Υ		No
Question Number/Letter	350	Assigned Identification	AN	1	20	Identifies the question or letter number.	R	NA		No
		Yes/No Condition or								
Question Response	1073	Response Code	ID	1	1	A yes/no question response.	S	Υ		No
								NA		
Question Response	127	Reference Identification	AN	1	30	A yes/no question response.	S	/Y		No
·										
Question Response	332	Percent	R	1	6	A yes/no question response.	S	NA		No
•										
Question Response	373	Date	DT	8	8	A yes/no question response.	s	NA		No
дассион посренес	0.0		<del>                                     </del>			, , , some question response.	Ť	1	This is only required if the name is over 35	
Receiver Additional Name	93	Name	AN	1	60	Additional name information for the receiver.	s	NA	characters.	No
receiver / taditional realite	30	Name Last or Organization	/\IN	-	00	Additional name information for the receiver.	۲	1 1/ 1	characters.	140
Receiver Name	1035	Name	AN	1	35	Name of organization receiving the transaction.	Ь	NA		No
Neceivei Naille	1033	Ivanie	AIN	- '	55	Primary identification number for the receiver of the	11	INA		INO
Receiver Primary Identifier	67	Identification Code	AN	2	90	transaction.	Ь	NA		No
Receiver Filliary Identiller	07	Identification Code	AIN		00	transaction.	г	INA		INU
		Reference Identification					R			
Reference Identification Qualifier	128	Qualifier	ID	2	3	Code qualifying the reference identification	S	Υ		No
Referral Date	1251	Date Time Period	AN	1	35	Date of referral.	S	NA		No
					_		1			
Referring CLIA Number	127	Reference Identification	AN	1	30	Referring CLIA number.	S	NA		No
						The first name of provider who referred the patient to				
Referring Provider First Name	1036	Name First	AN	1	25	the provider of service on this claim.	S	NA		No
Referring Provider Identifier	67	Identification Code	AN	2	80	The identification number for the referring physician.	S	NA		No
Ĭ		Name Last or Organization				The Last Name of Provider who referred the patient to	1	1		
Referring Provider Last Name	1035	Name	AN	1	35	the provider of service on this claim.	s	NA		No
	1.300			•		Middle name of the provider who is referring patient for	Ť	<del>                                     </del>		
Referring Provider Middle Name	1037	Name Middle	AN	1	25	care.	S	NA		No
Totaling Florida Wildale Hallie	1007	Traine Middle	/ 11 4			Journ.		114/7	l	

Referring Provider Name Additional		1				Additional name information identifying the referring			This is only required if the name is over 35		
Text	93	Name	AN	1	60		s	NA	characters.	No	
TOAL	- 00	Traine	7 (1 1		- 00	Suffix to the name of the provider referring the patient	Ŭ		onaractore.	110	
Referring Provider Name Suffix	1039	Name Suffix	AN	1	10		s	NA		No	
Referring Provider Secondary						Additional identification number for the provider					
Identifier	127	Reference Identification	AN	1	30		S	NA		No	
						Rate used when payment is based upon a percentage					
Reimbursement Rate	954	Percent	R	1	10		S	NA		No	COB
						•					
Reject Reason Code	901	Reject Reason Code	ID	2	2	Code assigned by issuer to identify reason for rejection	S	Υ		No	
							_ ,				
	4000			_	_	, , , , , , , , , , , , , , , , , , , ,	R/				
Related Causes Code	1362	Related-Causes Code	ID	2	3		S	Υ		No	
Related Hospitalization Admission	4054	Data Tima Dania d		_	0.5	The date the patient was admitted for inpatient care	_			NI-	
Date	1251	Date Time Period	AN	1	35	related to current service.  The date the patient was discharged from the inpatient	S	NA		No	
Related Heapitelization Discharge											
Related Hospitalization Discharge Date	1051	Date Time Period	AN	1	25	care referenced in the applicable hospitalization or hospice date.	0	NA		No	
Date	1251	Date Time Period	AIN	- !	30	Code indicating whether the provider has on file a	3	INA		INO	
						signed statement permitting the release of medical					
Release of Information Code	1262	Release of Information Code	ID	1	1		D	Υ		No	
Release of information code	1303	Release of Illiothlation Code	טו	- 1		data to other organizations.	г	ı		INO	
						Code indicating a code from a specific industry code					
Remark Code	127	Reference Identification	AN	1	30	, ,	S	Υ		No	СОВ
Noman Code	121	Treference racritimoation	7 (1 1		- 00	The first name of the provider who performed the		<del>'</del>		140	000
Rendering Provider First Name	1036	Name First	AN	1	25	·	S	NA		Yes	
rtondoring i rovidor i not rtamo	1000	Trainer net	7 11 1			The identifier assigned by the Payor to the provider		,			
Rendering Provider Identifier	67	Identification Code	AN	2	80		S	NA		Yes	
Rendering Provider Last or		Name Last or Organization				The last name or organization of the provider who					
Organization Name	1035	Name	AN	1	35	performed the service	S	NA		Yes	
						Middle name of the provider who has provided the					
Rendering Provider Middle Name	1037	Name Middle	AN	1	25	services to the patient.	S	NΑ		Yes	
Rendering Provider Name Additional						Additional name information identifying the rendering			This is only required if the name is over 35		
Text	93	Name	AN	1	60	provider.	S	NΑ	characters.	No	
						Name suffix of the provider who has provided the					
Rendering Provider Name Suffix	1039	Name Suffix	AN	1	10		S	NA		Yes	
Rendering Provider Secondary						Additional identifier for the provider providing care to					
Identifier	127	Reference Identification	AN	1	30	the patient.	S	NA		Yes	
						The maximum amount determined by the repricer as					
		<b>1</b>				being allowable under the provisions of the contract	_	ļ			
Repriced Allowed Amount	782	Monetary Amount	R	1	18		S	NA		No	
Repriced Approved Ambulatory	l	l.,	_			Amount of payment by the repricer for the referenced	_	ļ			
Patient Group Amount	782	Monetary Amount	R	1	18		S	NA		No	
Repriced Approved Ambulatory		Defense Ide (ff. ff				Identifier for Ambulatory Patient Group assigned to the	_				
Patient Group Code	127	Reference Identification	AN	1	30	claim by the repricer.	S	M		No	

Repriced Approved Service Unit		1			ı	Number of service units approved by pricing or		1			
Count	200	Quantity	R	4	1.5	,. ,	0	NA		No	
Count	380	Quantity	ĸ	- 1	10		<u> </u>	INA		INO	
	407	D ( )				Identification number, assigned by a repricing	_				
Repriced Claim Reference Number	127	Reference Identification	AN	1	30		S	NA		No	
						Identification number of a line item repriced by a third	_				
Repriced Line Item Reference Number	127	Reference Identification	AN	1	30		S	NA		No	
						The amount of savings related to Third Party					
Repriced Saving Amount	782	Monetary Amount	R	1	18		S	NA		No	
						Reference or identification number of the repricing					
Repricing Organization Identifier	127	Reference Identification	AN	1	30		S	NA		No	
Repricing Per Diem or Flat Rate						Amount used to determine the flat rate or per diem					
Amount	118	Rate	R	1	ę	price by the repricing organization.	S	NA		No	
						Additional name of the person or entity responsible for					
						payment of balance of bill after applicable processing			This is only required if the name is over 35		
Responsible Party Additional Name	93	Name	AN	1	60		s	NA	characters.	No	
reopendible rully redictional reality	- 00	Trains	7 (1 4		- 00	by outer parties, incurers, or organizations	<u> </u>	, .	charactere.	110	
						Address line of the person or entity responsible for					
					l	payment of balance of bill after applicable processing					
Despensible Dorty Address Line	400	Address Information				1, ,	Ь	NA		Vaa	
Responsible Party Address Line	166	Address Information	AN	1	55	by other parties, insurers, or organizations	ĸ	INA		Yes	
						0, 5,1					
						City name of the person or entity responsible for					
						payment of balance of bill after applicable processing					
Responsible Party City Name	19	City Name	AN	2	30	by other parties, insurers, or organizations	R	NA		Yes	
						First name of the person or entity responsible for					
						payment of balance of bill after applicable processing					
Responsible Party First Name	1036	Name First	ΑN	1	25	by other parties, insurers, or organizations	R	NA		Yes	
						Last name or organization name of the person or entity					
						responsible for payment of balance of bill after					
Responsible Party Last or		Name Last or Organization				applicable processing by other parties, insurers, or					
Organization Name	1035	Name	AN	1	35		R	NA		Yes	
Organization Hamo	1000	Trains	,		- 00	organizations		, .		100	
						Middle name of the person or entity responsible for					
						payment of balance of bill after applicable processing					
Despensible Party Middle Name	1027	Name Middle	AN	4	25		Б	NA		Yes	
Responsible Party Middle Name	1037	ivairie Middle	AIN	ı		by other parties, insurers, or organizations	ıτ	INA		168	
					l	Doctor ZID code of the news are sufficient with the					
					l	Postal ZIP code of the person or entity responsible for					
Responsible Party Postal Zone or ZIP		<u></u>	_		١	payment of balance of bill after applicable processing	_	١		.,	
Code	116	Postal Code	ID	3	15	by other parties, insurers, or organizations	R	CL		Yes	
					l						
					l	State or province of the person or entity responsible					
					l	for payment of balance of bill after applicable					
Responsible Party State Code	156	State or Province Code	ID	2	2	processing by other parties, insurers, or organizations.	R	CL		Yes	
					l	Suffix for name of the person or entity responsible for					
					l	payment of balance of bill after applicable processing					
Responsible Party Suffix Name	1039	Name Suffix	ΑN	1	10		R	NA		Yes	
		•				, , , , , , , , , , , , , , , , , , , ,		<u> </u>	<u> </u>		

Down d Trin Down and Down district	050	Description		,	00	Free-form description of the purpose of the ambulance		N 1 A		NI-	Ambula
Round Trip Purpose Description	352	Description	AN	1	80	transport round trip.  Amount of sales tax attributable to the referenced	S	NA		No	ce
Sales Tax Amount	702	Monotony Amount	R	1	10		٥	NA		No	
Sales Tax Amount	102	Monetary Amount	К	- 1	10	Service.	0	INA	Required when a service is provided without	INO	1
Service Authorization Exception Code	127	Reference Identification	AN	1	30	Code identifying the service authorization exception.	0	Υ	required writing a service is provided without required prior authorization.	No	
Service Authorization Exception Code	121	Reference identification	AIN	'	30	Date of service. such as the start date of the service.	3	-	required prior authorization.	INO	
							R	,			
Service Date	373	Date Time Period	AN	1	35			NA		Yes	
Service Facility Location Secondary	3/3	Date Time I chou	AIN	- '	33	une service.	-	INA		103	
Identifier	127	Reference Identification	AN	1	30	Secondary identifier for service facility location.	S	NA		No	
Identine	121	Name Last or Organization	/ 11 1	-	- 00	coordary lacritimer for service facility location.	۲	1 1		140	1
Service Facility Name	1035	Name	AN	1	35	Name for sevice facility.	S	NA		Yes	
dervice radiity rearrie	1000	Name	7.11	'	- 55	ivanic for sevice facility.	-	INA		103	
Service Line Paid Amount	782	Monetary Amount	R	1	18	Amount paid by the indicated payer for a service line	s	NA		No	
Co. 1.30 Emo i dia / anount	. 02	monotary / unount	<u> </u>	•	10	The quantity of units, times, days, visits, services, or	۲	1,477		1.10	<del>†</del>
						treatments for the service described by the HCPCS					
Service Unit Count	380	Quantity	R	1	15		R	NA		Yes	
Ship, Delivery or Calendar Pattern	000	Ship/Delivery or Calendar	1	- '	10	bodes, revenue code or procedure code.	1	1 1		100	Home
Code"	678	Pattern Code	ID	1	2	The time delivery pattern for the services.	s	Υ		No	Hlth
Code	010	Tattern code	טו	'		The time delivery pattern for the services.	۲	<u> </u>		140	7 1101
Shipped Date	1251	Date Time Period	AN	1	35	Date product shipped.	S	NA		No	
отпрреч вис	1201	Bate Time I ched	/ 11 1	-	- 00	Bate product shipped.	۲	1 1 1		140	1
Similar Illness or Symptom Date	1251	Date Time Period	AN	1	35	Date of onset of a similar illness or symptom.	9	NA		No	
Official filliess of Cymptoni Bate	1201	Bate Time I ched	/ 11 1	-	- 00	bate of offset of a similar filliess of symptom.	۲	1 1 1		140	1
						A code indicating the Special Program under which the					
Special Program Indicator	1366	Special Program Code	ID	2	3		s	Υ		No	
Special Fregram maleater	1000	- openia i regiam eeue	10			Free-form description of the purpose of the use of a	ľ	+		110	Ambula
Stretcher Purpose Description	352	Description	AN	1	80		s	NA		No	се
Official Control of Co	002	Bescription	/ 11 1	- '	- 00	Stretcher during ambulance service.	۲	1 1		140	Spinal
Subluxation Level Code	1367	Subluxation Level Code	ID	2	3	Code identifying the specific level of subluxation.	s	Υ		No	Manip
Cabiaxation Ecvel Code	1007	Cabiaxation Level Code	10			Name of the person at the submitter organization to	۲	+-		140	Warnp
						whom inquiries about the transaction should be					
Submitter Contact Name	93	Name	AN	1	60		R	NA		No	
Cabilities Contact Hamo	- 00	Traine	7 11 1	-	- 00	The first name of the person submitting the transaction	Ť	1.0.		110	
						or receiving the transaction, as identified by the					
Submitter First Name	1036	Name First	AN	1	25		s	NA		Yes	
	.000		7	-		Code or number identifying the entity submitting the	Ť			. 55	1
Submitter Identifier	67	Identification Code	AN	2	80		R	М		No	
Castilla Idoliuloi	- 51	Name Last or Organization	7			The last name or the organizational name of the entity	<u> </u>	1		.,,	
Submitter Last or Organization Name	1035	Name	AN	1	35		R	NA		Yes	
2	.000		7	•		The middle name of the person submitting the	Ė	<u> </u>		. 55	†
Submitter Middle Name	1037	Name Middle	AN	1	25		S	NA		Yes	
	.501		<u> </u>	•		Address line of the current mailing address of the	۲	1. 1, 1			1
Subscriber Address Line	166	Address Information	AN	1	55		s	NA		Yes	СОВ
3 2 2 3 1 2 3 1 7 10 01 0 D	.00	, taa. ese imerination	/ !! •	-		The date of birth of the subscriber to the indicated	۲	1.47			1 000
											•
Subscriber Birth Date	1251	Date Time Period	AN	1	35		S	NA		Yes	COR
Subscriber Birth Date	1251	Date Time Period	AN	1	35		s	NA		Yes	COB

	ı	T	1			The first name of the incurred individual or subscriber to		1	T		1
Cuba sribar First Name	4000	Name Circh		4	01	The first name of the insured individual or subscriber to		NA		Vaa	СОВ
Subscriber First Name	1036	Name First	AN	1	2	the coverage		NA		Yes	COB
0	4000	040-4-	I.D.	4		Code indicating the sex of the subscriber to the		Υ		V	000
Subscriber Gender Code	1068	Gender Code	ID	1		indicated coverage or policy.	<u> </u>	Y		Yes	COB
	400-	Name Last or Organization				The surname of the insured individual or subscriber to				.,	000
Subscriber Last Name	1035	Name	AN	1	38		R	NA		Yes	COB
						The middle name of the subscriber to the indicated	l_				
Subscriber Middle Name	1037	Name Middle	AN	1	2		S	NA		Yes	COB
						Suffix of the insured individual or subscriber to the					
Subscriber Name Suffix	1039	Name Suffix	AN	1	10		S	NA		Yes	COB
						The ZIP Code of the insured individual or subscriber to					
Subscriber Postal Zone or ZIP Code	116	Postal Code	ID	3	15	the coverage	S	CL		Yes	COB
1											
1						Primary identification number of the subscriber to the	R/				
Subscriber Primary Identifier	67	Identification Code	AN	2	80	coverage.	S	NA		Yes	COB
•						The State Postal Code of the insured individual or					
Subscriber State Code	156	State or Province Code	ID	2	2	subscriber to the coverage	S	CL		Yes	СОВ
						Text information clarifying subscriber additional			This is only required if the name is over 35		
Subscriber Supplemental Description	93	Name	AN	1	60		s	NA	characters.	No	СОВ
				•	-	Identifies another or additional distinguishing code	Ť	1			
Subscriber Supplemental Identifier	127	Reference Identification	AN	1	30		s	NA		No	СОВ
Cubbonber Cupplemental Identiner	121	reference identification	/ 11 1		- 00	The First Name of the Provider who supervised the	Ľ	14/ (		110	OOD
Supervising Provider First Name	1026	Name First	AN	1	21	•	0	NA		No	
Supervising i Tovider i list Name	1030	Name i list	AIN	- '	2	rendering of a service off this claim.	9	INA		INO	
Curanisias Dravidas Identifias	67	Identification Code	A N I	2	0.0	The Identification Number for the Cure wising Provider		NI A		Na	
Supervising Provider Identifier	07	Identification Code	AN	2	80		S	NA		No	
0 0	400-	Name Last or Organization				The Last Name of the Provider who supervised the					
Supervising Provider Last Name	1035	Name	AN	1	3	<b>U</b>	S	NA		No	
			l			Middle name of the provider supervising care rendered					
Supervising Provider Middle Name	1037	Name Middle	AN	1	2			NA		No	
Supervising Provider Name Additional						Additional name information of the provider supervising			This is only required if the name is over 35		
Text	93	Name	AN	1	60	care rendered to the patient.	S	NA	characters.	No	
						Suffix to the name of the provider supervising care					
Supervising Provider Name Suffix	1039	Name Suffix	AN	1	10		S	NA		No	
Supervising Provider Secondary						Additional identifier for the provider supervising care					
Identifier	127	Reference Identification	AN	1	30			NA		No	
						Discount percentage available to the payer for payment					
Terms Discount Percentage	338	Terms Discount Percent	R	1			S	NA		No	<u> </u>
						The date the patient was tested for arterial blood. gas					
Test Performed Date	1251	Date Time Period	AN	1	35		S	NA		No	
						If tests are performed under other conditions such as					
						oxygen, give test results and information necessary for					
						interpreting the tests and why performed under these					
Test Results	739	Measurement Value	R	1	20		s	NA		No	
			†			-	Ť	<u> </u>			
Total Claim Charge Amount	782	Monetary Amount	R	1	18	The sum of all charges included within this claim.	R	NA		No	
	. 02		T			Amount of charges associated with the claim	Ė			1.0	
Total Purchased Service Amount	782	Monetary Amount	R	1	15		S	NΔ	Pertains to subcontracted services.	No	
Total Faloriadea ecivide / arioant	, 02	, monotary / mount	+		- 10	Total visits on this bill rendered prior to re-certification	Ĕ	14/7	Totalio to oubcontracted oct vices.	140	Home
Total Visits Rendered Count	1470	Number	N0	1			0	NA		No	Hlth
rotai visits Rendered Count	14/0	Inditibel	INU	1	,	uaic.	S	INH		INU	וווווו

		Number of Included				A tally of all segments between the ST and the SE					
Transaction Segment Count	96	Segments	N0	1	10	segments including the ST and SE segments.	R	NA	A	No	
		Transaction Set Control				The unique identification number within a transaction					
Transaction Set Control Number	329	Number	AN	4	9	set.	R	NA	Λ	No	
Transaction Set Creation Date	373	Date	DT	8	8	Identifies the date the submitter created the transaction	R	NA		No	
Transaction Set Creation Time	337	Time	ТМ	4	8	Time file is created for transmission.	R	NA		No	
Transaction Set Identifier Code	143	Reference Identification	AN	1	30	Code uniquely identifying a Transaction Set.	R	Υ		No	
Transaction Set Purpose Code	353	Transaction Set Purpose Code	ID	2	2	Code identifying purpose of transaction set.	R	Υ		No	
Transmission Type Code	127	Reference Identification	AN	1		Code identifying the type of transaction or transmission	R	Υ		No	
Transport Distance	380	Quantity	R	1	15	Distance traveled during the ambulance transport.	s	NA		No	Ambular ce
Treatment Count		Quantity	R	1		Total number of treatments in the series.	s	NA		No	Spinal Manip
Treatment Period Count	380	Quantity	R	1	15	The number of time periods during which treatment will be provided to patient.	s	NA		No	Spinal Manip
Treatment Series Number	609	Count	N0	1	9	Number this treatment is in the series of services.	s	NA		No	Spinal Manip
		Unit or Basis for				Code specifying the units in which a value is being expressed, or manner in which a measurement has					
Unit or Basis for Measurement Code	355	Measurement Code	ID	2	2	been taken.	S	Υ		No	
Universal Product Number	127	Reference Identification	AN	1	30	Industry standard code identifying supplies and materials.		NA	A	No	
Vicito	670	Overstite Overliffer	ID.	2		The unit for home health visitations. Example: One visit every three days for 21 days. This element qualifies		NA		No	Home Hith
Visits	0/3	Quantity Qualifier	ID			that the data is communicating visits.  Date patient was or is able to return to the patient's	3	INA		No	miu1
Work Return Date	1251	Date Time Period	AN	1	35	normal occupation or to a similar or substitute occupation.	s	NA		No	
X-ray Availability Indicator	1073	Yes/No Condition or Response Code	ID	1	1	Indicates if X-Rays are on file for chiropractor spinal manipulation.	s	Υ		No	Spinal Manip

ır Claim	Implementation Guide			Implementation Guide		Implementation Guide
Client, Provider, or Claim Data	837-Institutional	Page#	837-Dental	Page#	837-Professional	Page #
CI			Х	161	Х	195
CI					Χ	191, 457
CI			Х	62	Х	70
СР	Χ	415	Х	312	Х	367, 566
CI-CR	Х	185			Х	235
CI-CR					Х	469
CI	Х	367, 368, 369, 370, 496, 497, 498, 499, 500, 501	Х	216, 217, 218, 307, 308, 309, 310, 311	X	327, 328, 329, 330, 560, 561, 562, 563, 564, 565
CI	X	367, 368, 369, 370, 493, 496, 497, 498, 499, 500, 501	X	216, 217, 218, 219, 307, 308, 309, 310, 311	X	327, 328, 329, 330, 331, 560, 561, 562, 563, 564, 565
CI	Х	367, 368, 369, 370, 496, 497, 498, 499, 500	Х	216, 217, 218, 219, 307, 308, 309, 310, 311	Х	326, 327, 328, 329, 330, 560, 561, 562, 563, 564, 565
CI-COB	Х	372	Х	222	Х	334
CI					Х	249
CI					Χ	249, 413
CI					Х	240, 479
CI	X	178, 180, 182, 184, 371, 372, 373, 374, 376, 378, 380, 382, 384, 386, 387, 460, 461	X	173, 174, 220, 221, 222, 223, 224, 225, 226, 287	X	219, 220, 221, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 484, 485, 486
CI	- `				Х	463

CI-COB			Х	221, 287	Х	333, 485
CI					Х	424
СР	Χ	444	Х	265	Х	399
CI					Х	213
CI	Χ	175, 454	Х	172	Х	216
CI	Χ	174, 453	Х	171	Х	215, 410
CI	<b>×</b>	174 454		474		246 444
CI	Χ	174, 454	Х	171	Х	216, 411
CI	Χ	162	Х	154	Х	177
CI					X	441
CI-COB	Х	160, 390	Х	153, 229	Х	175, 345
PI	Χ	84	Х	84	Х	92
PI			Х	79	Х	87
PI	Χ	79	Х	80	Х	88
PI	Χ	80	Х	81	Х	89
PI	Χ	88			Х	97
PI	Χ	86	Х	86	Х	95
PI			х	77	x	85
PI	Χ	78	Х	78	Х	86
PI	Χ	77	Х	77	Х	85
PI			Х	77	Х	85
PI			Х	77	Х	86
PI	Х	81	X	82	Х	90

PI	Х	81	Χ	82	Х	90
СР	Х	493	Х	304	Х	557
CI	Χ	219			Х	258, 261, 264, 428, 433
CI-HH					Х	277
CI					Х	438
CI	Χ	213			Х	421, 424
CI	Х	367, 495	Х	216, 307	Х	326, 560
CI-COB	Х	104, 363	Х	101, 211	Х	112, 321
CI	Х	159			Х	173
CI	Χ	207	Х	186, 288	Х	247
CI	Х	59	Х	56	Х	65
СР	Х	192	Х	180	Х	230
СР					Х	239
CI					Х	232, 476
CI	Х	218 228-230, 232-240, 242,			Х	257, 260, 263, 427, 431, 433
		244-254, 256-265, 267-				
CI	Χ	278, 280-288, 290-305	Χ	271	Х	568
						72, 73, 97, 98, 364, 365, 539,
CI	Χ	65, 66, 88, 89	Х	64, 65, 244, 245	Х	540
CI	Х	65, 66, 88, 89	Х	64, 65, 244, 245	Х	72, 73, 97, 98, 364, 365, 539, 540
CI-SM	,,	33, 33, 33, 33	,,	, 00,, - 10	X	255, 419
OI OIVI					_^	200, 410
CI					X	258, 259, 261, 262, 428, 429
CI					Х	431, 433, 434

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CI	Х	65, 88	Х	64, 244	Х	72, 97, 364, 539
CI	Χ	177			Х	218, 467
CI	Χ	177			Х	218, 467
CI	Х	177			Х	218, 467
CI	Χ	176			Χ	217, 466
CI	Χ	177			Χ	218, 467
CI-COB					Х	407
CI	Х	81, 96, 114, 131, 138, 150, 163, 356, 407, 414	Х	82, 93, 110, 142, 154, 237	Х	90, 105, 123, 136, 145, 163, 178, 309, 356, 520, 535
CI-COB	X	125	Х	130	X	150
CI-COB			Х	129	Х	149
CI-COB	Х	122			Х	147
CI-COB	Χ	122	Х	127	Χ	147
CI-COB	Х	122	Χ	127	Χ	147
CI-COB	Χ	122	Х	127	Х	147
CI-COB	Х	184	Х	174	Х	219
CI-COB	^	104	^	174	^	219
CI-COB	Χ	123	Χ	128	Χ	148
CI	Х	74	Х	74	Х	82
						115, 124, 155, 164, 180 182,
						184, 186, 189, 190, 192, 194,
		115 151 165 167 100		111 110 157 150		196, 197, 199-201, 203, 205,
		115, 151, 165, 167, 169,		111, 143, 157, 158,		206, 208, 210, 213, 342, 366,
		211, 215, 243, 245-255, 257-266, 268-278, 388,		160-162, 164, 227, 246, 273, 275, 277,		436, 437, 439, 440, 443-445, 447, 450-452, 454, 456, 458,
CI	Χ	415, 457, 458, 502	Х	279, 312	Х	460, 566

CI	X	165, 167, 169, 415, 456, 458, 502	X	157, 158, 160-162, 164, 246, 273, 275, 277, 279, 312	X	180, 182, 184, 186, 188, 190, 192, 194, 196, 197, 199-201, 203, 205, 206, 208, 210, 213, 366, 435, 437, 439, 440, 442, 444, 445, 447, 449, 451, 452, 454, 456, 458, 460, 566
CI	^	436, 302		211, 219, 312		
CI	Χ	164	Х	155	Х	179
CI-HH	Х	320			Х	281, 494
CI	Χ	202			Х	243
CI					Х	266-270
CI					Х	405
CI					Х	266-270
CI					Х	202
CI					X	204
CI-HH	X	314			Х	276
CI					Х	422
CI-HH	X	318			X	280, 493
CI-HH	Χ	318			Х	280, 493
CI					Х	406
CI					Х	349

CI	X	62, 68, 74, 77, 92, 109, 122, 127, 135, 145, 322, 329, 336, 343, 350, 401, 410, 421, 425, 429, 433, 437, 441, 463, 470, 477, 484 62, 68, 77, 92, 109, 122,	X	60, 67, 74, 77, 88, 104, 118, 136, 188, 196, 204, 232, 240, 254, 258, 262, 290, 298 60, 67, 77, 88, 104,	X	68, 75, 82, 85, 100, 118, 131, 140, 147, 157, 283, 291, 299, 304, 313, 351, 360, 375, 379, 383, 387, 391, 395, 502, 510, 515, 524, 530, 542, 550 68, 75, 85, 100, 118, 131,
CI	X	127, 135, 146, 322, 329, 336, 343, 350, 401, 411, 421, 425, 429, 433, 437, 441, 463, 470, 477, 484	X	118, 127, 137, 188, 196, 204, 232, 241, 254, 258, 262, 290, 298	Х	140, 147, 158, 283, 291, 299, 304, 313, 351, 360, 375, 379, 383, 387, 391, 395, 502, 510, 515, 524, 530, 542, 550
CI					Х	406
CI					Х	199
CI	Х	313			Х	275, 500
CI	Х	159	Х	151, 268	Х	173
CI					Х	406
CI	Х	204			Х	245, 487
CI					Χ	568
CI-HH	Х	318			X	280, 493
CI-HH	X	317			X	279, 492
CP					Χ	348
СР	Х	70, 100, 140	Х	70, 97, 133	Х	78, 109, 153
СР	Х	70, 100, 140	Х	70, 97, 133	Х	78, 109, 153
СР	х	70, 100, 140	Х	70, 97, 133	Х	78, 109, 153

СР	Х	100, 140	Х	97, 133	Χ	109, 153
СР	Х	57	Х	54	Х	63
CI	^	31	^	34	X	264
CI					Х	431
		62, 77, 92, 110, 123, 127, 147, 175, 323, 330, 337,		60, 67, 78, 89, 105, 118, 128, 137, 172,		68, 75, 86, 101, 119, 131, 147, 159, 216, 284, 292, 299,
		344, 350, 402, 411, 421,		189, 197, 204, 233,		305, 314, 352, 360, 375, 503,
CI	Χ	454, 463, 470, 478, 484	Х	241, 254, 291, 298	Х	510, 515, 525, 531, 543, 550
CI					Χ	478
CI	Χ	103, 142, 361	Х	100, 134, 210	Х	111, 154, 319
CI					Х	183, 459
CI-COB					Χ	111, 321
CI-COB	Χ	103	Х	100	Х	111
CI-COB	Х	103, 363	Χ	100, 210	Χ	111, 320
CI-COB					Х	115
CI	Х	193			Χ	236
PI	Χ	354			Χ	307, 518
PI	Χ	355			Х	308, 519
PI	Χ	350	Х	204	Х	304, 515
PI			Х	206	Х	306, 517
PI	Х	356			Χ	309, 520

PI	Х	350	X	204	X	305, 516
ГІ	^	330	^	204	_^	303, 310
PI	Х	358	Х	208	Х	311
PI	Χ	355			Х	309, 520
CI					Х	443
CI					Х	196
CI					Х	187, 446
CI					X	205
CI					Х	198, 455
СР	Χ	448	Х	268	Х	402
СР			Х	286	Х	473
CI					Х	488
CI					Х	226, 474
CI					Х	465
CI					Х	465
CI	Χ	201			Х	241
CI-COB	Χ	160	Х	152	X	174 225
CI-SM					X	255, 419
CI-COB					Х	349
CI	Х	206, 208	Х	186, 288	Х	247, 488
CI-HH	Х	317			Х	279, 492

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CI					Х	453
CI					Х	189
CI					х	181, 444
PI					х	533
PI					х	534
PI					Х	539
PI					Х	530
PI					Х	531
PI					х	530
PI					х	530
PI					х	532
PI					Х	530
PI					х	535
PI					х	537
PI					Х	535
СР	Χ	58	Х	55	Х	64
CI-COB	Χ	409	Х	239	х	358
CI-COB			Х	234	х	353
CI-COB	Χ	404, 405	Х	235	х	354
CI-COB	Χ	389	Х	228	х	343
CI-COB	Х	406	Х	236	Х	355
CI-COB	Х	401	Х	232	Х	351
CI-COB	Х	389	Х	228	Х	343
CI-COB	Х	363			Х	320

CI-COB	Χ	403	Х	233	Х	352
CI-COB	Х	401	Х	232	Х	351
CI-COB	Х	402	Х	232	Х	351
CI-COB	Х	402	Х	232	Х	352
CI-COB	Х	407	Х	237	Х	356
CI-COB	Х	407	Х	237	Х	356
CI-COB		-	Х	242	Х	362
CI-COB			Х	252	х	373
CI-COB			Х	244	Х	364
CI-COB					х	336
CI-COB			Х	225	Х	337
CI-COB					Х	551
CI-COB	Х	411	Х	241, 298	X	360
CI-COB	X	371	Х	226	Х	339
CI-COB	X	421	Х	254	X	375
CI-COB	,	121	~	201	X	335
CI-COB	Х	423			X	377
CI-COB	,	120			X	338
CI-COB					X	341
CI-COB	Х	411	Х	241, 302	X	361, 555
CI-COB	X	419	X	249, 300	X	371, 552
CI-COB	^	713	^	2 <del>1</del> 3, 300	X	389
	· ·	420	· ·	260		
CI-COB	Х	439	Х	260	X	381
CI-COB					Χ	385

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CI-COB	Х	417	Х	248	Х	369
CI-COB					Х	393
CI-COB					Х	397
CI-COB					Х	340
CI					Х	481
CI-HH					Х	425
CI					Х	450
CI-HH					Х	425
CI-HH					Х	425, 426
СР			Х	303	Х	557
CI					Х	178
CI	Х	158	Х	150	Х	171
CD			х	139	Х	160
CD	Х	148	Х	140	Х	161
CD	Х	183	х	173	Х	220
CD	Х	152	Х	144	Х	165
CD	Х	149	Х	141	Х	162
CI-SM					Х	255, 419
CI-SM					Х	256, 420
CD					Х	156
CD	Х	146	Х	137	Х	158
CD	Χ	152	Х	144	Х	165
CD	Х	146	Х	137	Х	158, 375
CD	Х	146	Х	137	Х	158

CD	Х	146	x	137	х	158
CD	Χ	150	Х	142	Х	163
CD	Χ	147	Х	138	х	159
CD	Χ	154	Х	146	х	167
CI					Х	176, 345
CD	Χ	150	Х	142	Х	162
CD	Х	107, 144			х	115, 156, 249, 413
CI	Χ	133	х	125	х	138
CI			Х	120	х	133
j						
CI	Χ	129	X	121	Х	134
CI	Χ	130	Х	122	Х	135
CI	Χ	128, 491	Х	118	Х	131
CI	Χ	127	Х	118	х	131, 550
СР			Х	220	х	332
CI	Х	131	Х	123	Х	136
CI-COB	Χ	102, 360	Х	99, 210	Х	110, 319
CI	Χ	131	Х	123	Х	136
CI			Х	90	Х	102
CI	Χ	94	Х	91	х	103
CI	Χ	95	Х	92	х	104
CI			Х	88	х	100
CI	Χ	93	х	89	х	101
CI			X	95	х	107

CI >	х					J.
1	^	92	Χ	88	Χ	100
CI			Х	89	Х	100
CI			Х	89	Х	101
	Х	95	Х	93	Х	105
CI >	Х	95	Χ	93	Χ	104
CI					X	404
CI-CR >	X	312			Χ	274, 499
CI					Χ	486
CD >	Х	107, 144			Х	116, 156
CI					Х	200
CI >	Х	451			Х	409
CI-CR >	Х	309			Х	272, 496
CI					Х	228, 470
	·	447, 400	V	007.000		·
CI >	Х	447, 492	Х	267, 302	Х	401, 498, 556
CI >	Х	492	Χ	303	Χ	557
CI >	х	447, 448, 492	Χ	267, 303	Χ	401, 402, 556
CI >	Х	214, 311, 446, 491	Χ	266, 302	Χ	401, 498, 555
CI >	х	120, 156	Χ	116, 148	Χ	129, 169
PI >	x	71, 324, 331, 338, 345,	Х	71, 190, 198, 292	Х	79, 285, 293, 504, 544
FI /	^	352, 465, 472, 479, 486	^	71, 190, 190, 292	^	13, 200, 230, 004, 044
CI >	х	160	Х	152	Х	174
		72, 325, 332, 339, 346,				
PI >	Х	353, 466, 473, 480, 487	Χ	72, 191, 199, 293	Х	80, 286, 294, 505, 545
CI					Χ	490

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CI					Χ	300, 511
CI					Х	489
CI					Х	387
CI					Х	302, 513
CI	Х	306	Х	281	Х	462
CI					Х	570
CI			Х	167	Х	570
CI					Х	571
CI					Χ	571
CI					Х	571
CI			Х	68	Х	76
CI	Х	68	Х	67	Х	75
CI	Х	68	Х	67	Х	75
СР	X	60, 72, 83, 85, 97, 117, 120, 124, 132, 153, 155, 185, 186, 187, 189, 191, 193, 195, 197, 198, 200, 202, 325, 326, 332, 333, 339, 340, 346, 347, 353, 357, 408, 416, 418, 422, 426, 430, 434, 438, 442, 465, 467, 473, 474, 480, 481, 487, 488	X	57, 72, 84, 85, 95, 113, 115, 124, 130, 145, 147, 175, 177, 180, 182, 184, 190, 193, 199, 201, 207, 238, 247, 249, 252, 255, 259, 263, 283, 284, 285, 292, 295, 300	X	66, 80, 92, 94, 106, 126, 128, 137, 150, 166, 168, 222, 224, 226, 228, 230, 232, 233, 235, 236, 239-242, 286, 288, 294, 296, 301, 310, 316, 357, 368, 370, 373, 376, 380, 384, 388, 392, 396, 468-470, 472, 474, 475, 477-480, 483, 504, 507, 512, 521, 527, 536, 545, 547, 552
CI			Х	160	Х	185, 439
CI					X	477
CI	Х	343, 484	Х	188	X	283, 542
CI	X	344	X	189	X	284, 543
Ci	^	344	^	109	^	204, 043
CI	Х	343, 484	Χ	188	Χ	283, 379, 542
CI	Х	344, 484	Х	189	Х	284, 543

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CI			Х	192	Х	287, 546
CI	Х	344, 484	Х	189	х	284, 543
CI	Χ	348, 489	Х	194	Х	289, 548
CI-COB	Х	397			Х	347
CI-CR	Х	312			Х	274, 499
CI	Χ	161, 162	Х	153, 154	Х	176, 177
CI			Х	157	Х	209
CI					X	211
CI	Х	161, 391	х	153, 230	Х	175, 345
CI-COB	Х	393, 396, 398, 399			Х	348, 349
PI			Х	196, 290	Х	291, 502
PI			Х	197, 291	Х	292, 503
PI			Х	196, 290	х	291, 383, 502
PI			Х	196, 290	Х	292, 503
PI			Х	200, 294	Х	295, 506
PI			X	196, 290	Х	292, 503
PI			X	202, 296	Х	297, 508
CI-CR	Х	309			Х	272, 496
CI-CR					Х	273, 497
CI-CR					Х	273, 497

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CI-CR	Х	312	Х	499
CI-CR	Χ	186	X	233
CI-CR			X	468
CI-CR	Χ	310	X	273, 497
CI-CR	Х	310	Х	273, 497
CI-CR	Х	310	Х	273, 497
CI			X	142
CI	Х	136	X	143
CI	Х	137	х	144
CI	Х	135	X	140
CI	Х	135	х	140
CI	Х	135	х	141
CI	Х	137	Х	145
CI	Х	137	Х	144
CI	Х	135	X	141

CI					Х	250, 414
CI					Х	484
CI	Х	196	Х	178	Х	223
CI	Х	457	Х	165, 274	Х	436
CI					Х	522
CI					Х	391
СР	Х	491	х	302	X	555
CI	Х	449			Х	403
CI-HH	Х	318			Х	280, 493
CI					X	451
CI					Х	193, 461
0.						100, 101
CI	Х	163	Х	155	Х	178
CI					Х	250, 414
CI-SM					Х	252, 253, 416, 417
0.0						
PI	Х	65	Х	64	Х	72
PI	Х	62	Х	60	Х	68
PI	Х	63	Х	61	Х	69
PI	Х	62	Х	60	Х	68
PI	Х	62	х	60	Х	68
CI-COB	Х	112	Х	108	Х	121
CI-COB	Х	116	Х	112	Х	125
CI-COB	Χ	113	Χ	109	Χ	122

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Χ	109	Х	104	Х	118
Χ	116	Х	112	Х	125
Χ	109	Х	104	Х	118
Χ	109	Х	104	Х	118
Χ	110	Х	105	Х	118
Χ	114	Х	110	Х	123
Х	110	Х	106	Х	119
Χ	114	Х	110	Х	123
		Х	107	Х	120
Χ	118	Х	114	Х	127
				Х	313, 524
				Х	314, 525
				Х	313, 395, 524
				Х	313, 524
				Х	315, 526
				Х	313, 524
				Х	317
Χ	177			Х	218
				Х	448
				Х	465
Χ	159	Х	151	Х	172
				Х	221
				Х	277
	x x x x x x x x x x x x x x x x x x x	X 116 X 109 X 109 X 110 X 114 X 118 X 118 X 177	X 116 X X 109 X X 109 X X 110 X X 1114 X X 1114 X X 1118 X X 1118 X X 1177	X       116       X       112         X       109       X       104         X       110       X       105         X       114       X       110         X       114       X       110         X       107       X       107         X       118       X       114         X       177       X       177	X       116       X       112       X         X       109       X       104       X         X       110       X       105       X         X       114       X       110       X         X       114       X       110       X         X       114       X       110       X         X       118       X       114       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X       X         X       X       X

СР	Х	503	Х	313	Х	572
СР	Х	56, 503	Х	53, 313	Х	62, 572
СР	Х	58	Х	55	Х	64
СР	Х	58	Х	56	Х	65
CP	Χ	56	Χ	53	Х	62
СР	Х	58	Х	55	Х	64
СР	Χ	60	Х	57	Х	66
CI					Х	250, 414
CI-SM					Х	252, 416
CI-SM					Х	255, 419, 424
CI-SM					Х	252, 416
CI	X	107, 144, 307, 311, 448			Х	115, 156, 249, 250, 254, 403, 413, 414, 418, 422, 498
CI					Х	483
СІ-НН	Х	317			Х	279, 492
CI					Х	207
CI-SM					Х	256, 420